2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009761

FILED Jul 06, 2006 Secretary of State

Entity Name: CORAL HAMMOCK HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 5510 US HWY 1 1010 KENNEDY DRIVE KEY WEST, FL 33040 SUITE 305 KEY WEST, FL 33040 **Current Mailing Address:** New Mailing Address: 3158 NORTHSIDE DRIVE PO BOX 2700 KEY WEST, FL 33040 KEY WEST, FL 33045 27 FEI Number: 56-2470932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGHSMITH, ROBERT E 3158 NORTHSIDE DRIVE KEY WEST, FL 33040 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PARKER, DEREK TELLERD, CRAIG Name: Name: 5510 US HWU ONE Address: 896 CORPORATE WAY #440 Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: WEST LAKE, OH 44145 Title: () Delete Title: (X) Change () Addition ATWELL, EVERETT Name: FAHEY, BARBARA Name: Address: 5510 US HWU ONE Address: 39 CORAL WAY City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition KOENIG, TIMOTHY J Name: SCROGGINS, DONNA Name: 5510 US HWU ONE 18784 SE JUPITER RIVER DRIVE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: BARROSO, JASON 33 CORAL WAY Address: Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: () Change (X) Addition SNACHEZ, RALPH Name: Name: 13 CYPRESS WAY Address: Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HEADRICK GM 07/06/2006