2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000704

FILED Mar 30, 2009 Secretary of State

Entity Name: HAMMOCK MOORINGS NORTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10672 QUAIL RIDGE DR. 14201 RR 12 SAINT AUGUSTINE, FL 32095 SUITE 6

WIMBERLEY, TX 78676

Current Mailing Address: New Mailing Address:

5455 A1A SOUTH P.O. BOX 2787

SAINT AUGUSTINE, FL 32080 WIMBERLEY, TX 78676

FEI Number: 20-1394327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES SMITH HULSEY & BUSEY 225 WATER STREET 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US SUITE 1800

JACKSONVILLE, FL 32202 US

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: BRYAN L. PUTNAL 03/30/2009 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FORISTER, WAYNE FORISTER, WAYNE Name: Name: 10672 QUAIL RIDGE DR. Address: 28846 KALKALLO DRIVE Address:

City-St-Zip: SAINT AUGUSTINE, FL 32095 City-St-Zip: FAIR OAKS RANCH, TX 78015

Title: Title: (X) Change () Addition () Delete

FORISTER, TRIGG FORISTER, TRIGG Name: Name: Address: P.O. BOX 2787 Address: P.O. BOX 2787 WIMBERLY, TX 786762787 City-St-Zip: City-St-Zip: WIMBERLY, TX 78676

Title: () Delete Title: (X) Change () Addition

BUSH, RON Name: SCHUMANN, EDITH L Name:

11 CHELSEA COURT Address: Address: P.O. BOX 2787 City-St-Zip: PALM COAST, FL 32137 City-St-Zip: WIMBERLEY, TX 78676

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE FORISTER Ρ 03/30/2009