2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90144 049 ****61.25

DOCUMENT # N0300008385 1. Entity Name SILVER HAMMOCK PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.					04-14-2006 90144 049 ****61.25			
Principal Place of Business Mailing Address PO BOX 1718 PO BOX 1718 SILVER SPRINGS, FL 34489-1718 SILVER SPRINGS, FL 34489-1			34489-1718		400300	•		
- B- B								
2. Principal Place of Business 3. Ma		3. Mailing Address	illing Address					
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	uite, Apt. #, etc.		hg-NP C	R2E037 (11/05)		
City & State		City & State	City & State				plied For	
Zip	Country	Zip	Country	20-031695 5. Certificate of S		\$8.75 Add		
	6. Name and Address of Current	Registered Agent	L	7. Name and Add	ress of New Regis	. Fee Require	q	
NEWSOME, TERESA			Name					
5980 NE 57TH LOOP SILVER SPRINGS, FL 34488			Street Addr	ress (P.O. Box Number is	(P.O. Box Number is Not Acceptable)			
3,2,7,2,7,3					· · · · · ·			
			City	City Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or reg	gistered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
	en							
I SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent (and title if applicable. (NO	E Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	9. Election Ca	mpaign Financing	\$5.00 May Be		check payable to		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	mpaign Financing Contribution,	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

T.A. Newsome, Hes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/13/06 352 236.5348 SIGNATURE: