


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010112	
1. Entity Name HAMMOCK TRACE PRESERVE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901	Mailing Address 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0539098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent PENCE, ROY J 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

DATE
03/22/06-80060-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENCE, ROY J 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENCE, JAN 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, GREGORY T 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Roy J. Pence** 3/10/06 (321) 837-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #