
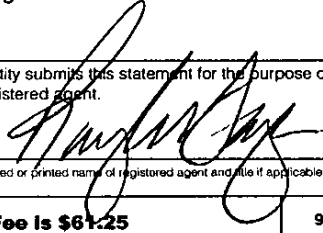
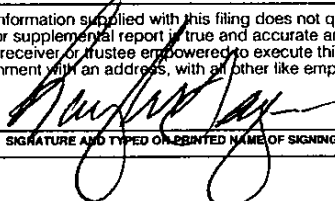


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90045 011 ****61.25

| | | | | | |
|---|-----------------------------------|--|---|---|--|
| DOCUMENT # N04000000875 | | | |  | |
| 1. Entity Name MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713 | | | Mailing Address 27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 57-1197091 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAGWOOD, ROY E 27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713 | | | 7. Name and Address of New Registered Agent Name HAGOOD, RAY E. Street Address (P.O. Box Number is Not Acceptable) 27 South U.S. Highway 17-92 Suite # 2 City DEBARY FL Zip Code 32713 | | |
| 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 X  | | RAY E. HAGOOD | | DATE 01-14-2005 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HAGOOD, ROY E | NAME | HAGOOD, RAY E. | | |
| STREET ADDRESS | 27 SOUTH U.S. HIGHWAY 17-92 | STREET ADDRESS | | | |
| CITY-ST-ZIP | DEBARY, FL 32713 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DEPAUNA, DONNA | NAME | DEPALMA, DONNA | | |
| STREET ADDRESS | 27 SOUTH U.S. HIGHWAY 17-92 | STREET ADDRESS | | | |
| CITY-ST-ZIP | DEBARY, FL 32713 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MAZZA, JEAN | NAME | | | |
| STREET ADDRESS | 27 SOUTH U.S. HIGHWAY 17-92 | STREET ADDRESS | | | |
| CITY-ST-ZIP | DEBARY, FL 32713 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | RAY E. HAGOOD | | DATE 01-14-2005 386-668-0049 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |