

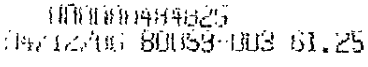
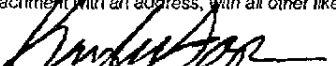


FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000875 1. Entity Name MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC.				Secretary of State	
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			
DO NOT WRITE IN THIS SPACE					
				01142006 No Chg-NP CR2E037 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 57-1197091	
				Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGWOOD, RAY E 27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HAGWOOD, RAY E 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DEPALMA, DONNA 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MAZZA, JEAN 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. 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:  Ray E. Hagwood, Director 3/29/2006 386-668-0049 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					