2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 AUG -7 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000875

1. Entity Name
MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713	27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713

07262006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
190 N-Westmonte Dr.	190 N. Westmonte Dr.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: Seminole	Zip: 32714 Country: Seminole

4. FEI Number 57-1197091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGWOOD, RAY E 27 SOUTH U.S. HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713	Name: Marilyn Campbell Street Address (P.O. Box Number is Not Acceptable): c/o Central Property Management, Inc 190 N. Westmonte Dr., Suite 100 City: Altamonte Springs FL Zip Code: 32714

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: MARILYN CAMPBELL Marilyn Campbell 7/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR Is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGOOD, RAY E 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Stead, Patricia 1725 N. Clara Ave Deland, FL 32720	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEPALMA, DONNA 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Clark, William Jr. 1636 HASTINGS DR DELTONA, FL 32725	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAZZA, JEAN 27 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hilton, matthew 280 mercers ferrery Rd Deland, FL 32720	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200078523692 08/09/06--01034--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Patricia Stead, Pres. (407) 862-2258 X312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICIA STEAD

JC 8/8