


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 012 ****61.25

DOCUMENT # N04000000875	
1. Entity Name MERCERS HAMMOCK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 190 N WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 190 N WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US
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40068215



2. Principal Place of Business - No P.O. Box # 860 North S.R. 434	3. Mailing Address 860 North S.R. 434
Suite, Apt. #, etc. Suite 1009	Suite, Apt. #, etc. Suite 1009
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Zip 32714
Country USA	Country USA

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number 57-1197091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, MARILYN C/O CENTRAL PROPERTY MANAGEMENT, INC. 190 N WESTMONTE DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32714	
7. Name and Address of New Registered Agent Name Campbell, Marilyn Street Address (P.O. Box Number is Not Acceptable) 860 North S.R. 434 Suite 1009 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* DATE *3/25/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEAD, PATRICIA 1725 N CLARA AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLARK, WILLIAM JR 1636 HASTINGS DRIVE DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HILTON, MATTHEW 280 MERCERS FERNERY ROAD DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* *Patricia Stead* *4/8/08* *3866266536*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #