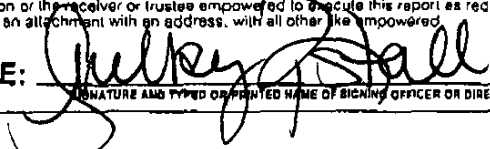


Jul. 9. 2007 4:06PM MAY MANAGEMENT SERVICES

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 030 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000003677			
Entity Name EAGLES HAMMOCK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 950-1 DAVIS POND BLVD JACKSONVILLE, FL 32259		Mailing Address C/O MAY MGMT SERV 5455 A1A S SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0982692		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKS, ANNA M C/O MAY MGMT SERV, INC 5455 HWY A1A S SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 ZAKOSKE, JOHN 9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEARING, MARK C 9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAN, JAN 9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC TREAS PORTER, ROBERT 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assoc Sec. Treas Shelby Rodstall 9456 Phillips Hwy Ste 1 Jacksonville, FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assoc Sec. Treas Lynette Knox 9456 Phillips Hwy Ste 1 Jacksonville, FL 32256 ☐ 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: 		7/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	