


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004209 1. Entity Name THE HAMMOCKS AT MARATHON CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431	Mailing Address 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1204395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, KAREN 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORENZ, JEFF 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DODD, TERRY 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431
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05/22/08-80043-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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:  **501-912-8129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #