



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000005244</b> 1. Entity Name <b>THE HAMMOCKS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> 05 JUL 21 11:10:01 SECRETARY TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O WILLIAM C. BOYNTON 2520 OX BOTTOM RD TALLAHASSEE, FL 32312</b>				Mailing Address <b>C/O WILLIAM C. BOYNTON 2520 OX BOTTOM RD TALLAHASSEE, FL 32312</b>			
2. Principal Place of Business		3. Mailing Address		 07212005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BOYNTON, WILLIAM C 2520 OX BOTTOM RD TALLAHASSEE, FL 32312</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	AP <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOYNTON, WILLIAM C			NAME	Ben C. Boynton		
STREET ADDRESS	2520 OX BOTTOM RD			STREET ADDRESS	ALT AP 2735 Miller Landing Rd		
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	TALLAHASSEE FL 32312		
TITLE	DV <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYNTON, ANNA S			NAME	200058541442		
STREET ADDRESS	2735 MILLER LANDING RD			STREET ADDRESS	08/15/05--01002--011 **61.25		
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYNTON, LAURA K			NAME			
STREET ADDRESS	2735 MILLER LANDING RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				7/22/05 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							