2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000005244

Entity Name: THE HAMMOCKS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BEN BOYNTON
2735 MILLER LANDING RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

C/O KRM MANAGEMENT
528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

C/O BEN BOYNTON
2735 MILLER LANDING RD.
TALLAHASSEE, FL 32312

New Mailing Address:

C/O KRM MANAGEMENT
528 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYNTON, BEN
2735 MILLER LANDING RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: DAN ISAACS 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: AP ( ) Delete
Name: BOYNTON, WILLIAM C
Address: 2520 OX BOTTOM RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV ( ) Delete
Name: BOYNTON, ANNA S
Address: 2735 MILLER LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DST ( ) Delete
Name: BOYNTON, LAURA K
Address: 2735 MILLER LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: AP ( ) Delete
Name: BOYNTON, BEN C
Address: 2735 MILLER LANDING RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA BOYNTON DV 04/29/2009
Electronic Signature of Signing Officer or Director — Date