## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005244

FILED Jun 17, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

C/O KRM MANAGEMENT PO BOX 13089

528 E. PARK AVENUE TALLAHASSEE, FL 32317 US TALLAHASSEE, FL 32301

FEI Number: 26-2194893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISAACS, DAN L

528 E. PARK AVENUE

TALLAHASSEE, FL 32301 US

RHINEHART, ROBERT S

644 CAPITAL CIRCLE NE

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: ROBERT S. RHINEHART 06/17/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: AP

 Name:
 BOYNTON, WILLIAM C

 Address:
 2520 OX BOTTOM RD

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: DV

Name: BOYNTON, ANNA S Address: 2735 MILLER LANDING RD City-St-Zip: TALLAHASSEE, FL 32312

Title: DST

Name: BOYNTON, LAURA K
Address: 2735 MILLER LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: AP

Name: BOYNTON, BEN C

Address: 2735 MILLER LANDING RD. City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: ROBERT S. RHINEHART CAM 06/17/2010