

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010019

FILED
Mar 07, 2008
Secretary of State

Entity Name: OAK HAMMOCK OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

950 ENCORE WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

950 ENCORE WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-1947675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLSKI, JOHN R
950 ENCORE WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, ROBERT L
Address: 6200 WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: STEVENS, MARK
Address: 6208 WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: STD () Delete
Name: WOLSKI, JOHN R
Address: 950 ENCORE WAY
City-St-Zip: NAPLES, FL 34110

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:

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: JOHN R WOLSKI

STD

03/07/2008

Electronic Signature of Signing Officer or Director

Date