2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

DOCUMENT # N04000011300

1. Entity Name
OAK HAMMOCK OF FT. LAUDERDALE HOMEOWNERS ASSN., INC.

Principal Place of Business	Mailing Address
1212 S. ANDREWS AVENUE SUITE 203 FORT LAUDERDALE, FL 33316	1212 S. ANDREWS AVENUE SUITE 203 FORT LAUDERDALE, FL 33316

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03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-2491165
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000491042
04/19/06-80006-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHOPP, DAVID
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VD
NAME	SHARPE, ORLANDO
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VSTD
NAME	PEARLMAN, STEWART
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/23/06 954-767-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #