


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90021 007 ****61.25

DOCUMENT # N04000011300					
1. Entity Name OAK HAMMOCK OF FT. LAUDERDALE HOMEOWNERS ASSN., INC.					
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03262008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-2491165				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKER LAW FIRM, PA 400 SOUTH DIXIE HIGHWAY, SUITE 420 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BERG, GINNY		<input type="checkbox"/> Delete		
STREET ADDRESS 523 SW 18TH AVENUE	CITY-ST-ZIP FORT LAUDERDALE, FL 33312				
TITLE VPD	NAME FRAZIER, LYNN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 523 SW 18TH AVENUE	CITY-ST-ZIP FORT LAUDERDALE, FL 33312				
TITLE STD	NAME BROWN, KONRAD		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 523 SW 18TH AVENUE	CITY-ST-ZIP FORT LAUDERDALE, FL 33312				
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Delete		
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TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 				
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: <u>GINNY BERG</u>			Date <u>4/2/08</u> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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