2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007621

FILED Jan 31, 2007 Secretary of State

Entity Name: OLD HAMMOCK COVE MASTER ASSOCIATION, INC.

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

222 US HWY 1 STE 209 250 SOUTH CENTRAL BLVD. TEQUESTA, FL 33469

SUITE 207

JUPITER, FL 33458

Current Mailing Address: New Mailing Address:

222 US HWY 1 STE 209 250 SOUTH CENTRAL BLVD.

SUITE 207 TEQUESTA, FL 33469

JUPITER, FL 33458

FEI Number: 20-8349613 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:

CHIUMENTO & ASSOCUATES, P.A 4 OLD KINGS ROAD NORTH STE B PALM COAST, FL 32137

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BELLINGER, RICHARD BELLINGER, RICHARD Name: Name: Address: 222 US HWY 1 STE 209 Address: 250 SOUTH CENTRAL BLVD. #207

JUPITER, FL 33458 City-St-Zip: TEQUESTA, FL 33469 City-St-Zip:

(X) Change () Addition Title: Title: () Delete

Name: HYMAN, RON Name: LABONTE, CHAD

Address: 250 S CENTREAL BLVD STE 207 Address: 250 S CENTREAL BLVD STE 207

City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458

Title: (X) Delete Title: () Change () Addition

HALL, JAMES Name: Name: 222 US HWY 1 STE 209 Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD P. BELLINGER DIR 01/31/2007