

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06351

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE HAYDEN'S HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

DELLA R. MCPHAIL
915 CLOVERDALE COURT
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

DELLA R. MCPHAIL
915 CLOVERDALE COURT
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2792428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHAIL, DELLA R
915 CLOVERDALE COURT
FT WALTON BCH, FL 32547 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: VD () Delete
Name: SCROGGINS, MARY
Address: 917 CLOVERDALE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: MCPHAIL, DELLA,
Address: 915 CLOVERDALE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD () Delete
Name: SCHWARTZ, MARGARET L, .
Address: 916 CLOVERDALE COURT
City-St-Zip: FT. WALTON BEACH, FL

Title: D () Delete
Name: SCHWARTZ, JEROME L.,
Address: 916 CLOVERDALE COURT
City-St-Zip: FT. WALTON BEACH, FL

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:

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: DELLA R. MCPHAIL

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date