


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 APR 20 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14143	
1. Entity Name HAMMOCK HIGHLANDS VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 673 SEBRING, FL 33871	Mailing Address P.O. BOX 673 SEBRING, FL 33871
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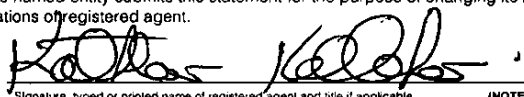
2. Principal Place of Business - No P.O. Box # 4403 Grass Ave., Suite, Apt., etc. 4403, City & State Sebring, FL., Zip 33875	3. Mailing Address 4403 Grass Ave., Suite, Apt., etc. 4403, City & State Sebring, FL., Zip 33875
Country U.S.A.	Country U.S.A.



REINSTATEMENT

6. Name and Address of Current Registered Agent GOSE, MARK E. 1005 S.E. LAKEVIEW DRIVE SEBRING, FL 33870	
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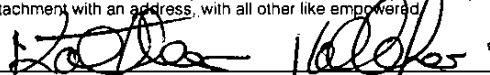
7. Name and Address of New Registered Agent Name Kathleen Welleher Street Address (P.O. Box Number is Not Acceptable) 4403 Grass Ave., City Sebring, City FL Zip Code 33875	
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8. The above named entity submits this statement for the purpose of changing 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 	4/17/07.

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GOSE, MARK E. 1005 S.E. LAKEVIEW DRIVE SEBRING, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, TINA 4405 CAPRI AVE. SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOSE, MATTHEW 4403 CAPRI AVE SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kathleen Welleher 4403 Grass Ave., Sebring, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Julie Young 4401 Grass Ave., Sebring FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Ernie Rzenick 4409 Grass Ave., Sebring, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/17/07. 863-385-1651