2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18247

FILED Mar 30, 2010 Secretary of State

Entity Name: THE HOMEOWNERS ASSOCIATION OF THE HAMMOCKS, INC.

Current Principal Place of Business:

New Principal Place of Business:

1020 MADELINE AVENUE PORT ORANGE, FL 32119

Current Mailing Address:

New Mailing Address:

% ATLANTIC SHORES MGT 3511 S. PENINSULA DRIVE PORT ORANGE, FL 32127 C/O ATLANTIC SHORES MGT 3511 S. PENINSULA DRIVE PORT ORANGE, FL 32127

FEI Number: 59-2843057 F

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:

ROSKAMP, MARK 3511 S PENINSULA DR PORT ORANGE, FL 32127 US

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:

Name: SULLIVAN, LINDA

Address: 1601 DEER SPRINGS ROAD City-St-Zip: PORT ORANGE, FL 32129

Title: S

 Name:
 SANFORD, PATTI

 Address:
 1020 MADELINE #8

 City-St-Zip:
 PORT ORANGE, FL 32129

Title: VP

 Name:
 HOVEY, BETTY

 Address:
 1020 MADELINE #1201

 City-St-Zip:
 PORT ORANGE, FL 32129

Title:

Name: GRAZIANO, JUDY

Address: 1050 MADELINE AVE. #1307 City-St-Zip: DAYTONA BEACH, FL 32129

Title:

Name: NIEMEIER, KATHLEEN
Address: 1806 DEER SRPINGS RD
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: LINDA SULLIVAN PRES 03/30/2010