


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N21054 1. Entity Name MOSSY HAMMOCK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 31350 PADDOCK PLACE MYAKKA CITY, FL 34251 US	Mailing Address PO BOX 410 MYAKKA CITY, FL 34251 US
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0049089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDANIEL, ROBERT S., JR.
1444 FIRST STREET
SARASOTA, FL 33577**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000725892 05/03/07-80039-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEHOE, BRIAN 14300 MOSSY HAMMOCK LN MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKENS, PEGGY 31350 PADDOCK PLACE MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGEL, RICK 14405 MOSSY OAK LN MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ARNOLD, MICHAEL 13945 MOSSY HAMMOCK LANE MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Peggy Beckens **04-19-07 (941) 322-0018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #