## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 21, 2008 08:00 A Secretary of State DOCUMENT # N21054 1. Entity Name MOSSY HAMMOCK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 31350 PADDOCK PLACE PO BOX 410 MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 US CR2E037 (4/06) 02142008 No Cho-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0049089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDANIEL, ROBERT S., JR. DO NOT WRITE 1444 FIRST STREET SARASOTA, FL 33577 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 algorature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Due by May 1, 2008 ກຣ/ກິຈັ/ກິສິ-ສິກິກິຈິອີໄກາກ ຊາ ຈຸຊ OFFICERS AND DIRECTORS 10. TITLE SD NAME KEHOE, BRIAN STREET ADDRESS 14300 MOSSY HAMMOCK LN CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE NAME **BECKENS, PEGGY** STREET ADDRESS 31350 PADDOCK PLACE CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE NAME **ENGEL, RICK** STREET ADDRESS 14405 MOSSY OAK LN DO NOT WRITE CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE IN THIS SPACE PRES NAME ARNOLD, MICHAEL STREET ADDRESS 13945 MOSSY HAMMOCK LANE CITY-ST-ZIP MYAKKA CITY, FL 34251

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 supplier ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears is Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

eno

04-16-2008