
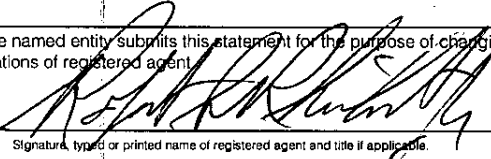
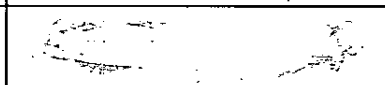
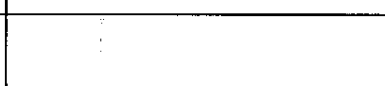
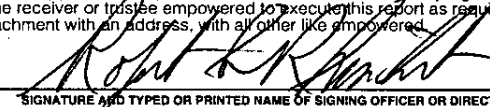


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90010 014 ****61.25

DOCUMENT # N28621 1. Entity Name OAK HAMMOCK HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.			
Principal Place of Business 3106 OAK HAMMOCK COURT TALLAHASSEE, FL 32301 US		Mailing Address 3106 OAK HAMMOCK COURT TALLAHASSEE, FL 32301 US	
2. Principal Place of Business 644 Capital Circle NE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 13089 Suite, Apt. #, etc.	
City & State Tallahassee FL Zip 32301		City & State Tallahassee FL Zip 32317	
4. FEI Number NOT APPLICABLE		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 LITTLEFIELD, JEAN T 3106 OAK HAMMOCK CT TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Robert S. Rhinehart, CAM Street Address (P.O. Box Number is Not Acceptable) 644 Capital Circle NE City Tallahassee FL Zip Code 32301	
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  Robert S. Rhinehart Jr. 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP LITTLEFIELD, JEAN T 3106 OAK HAMMOCK CT TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	Kim Allen - D 3025 OAK HAMMOCK COURT TALLAHASSEE, FL 32301
TITLE	WADE, DORIS 3101 OAK HAMMOCK CT TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS LITTLEFIELD, JEAN 3106 OAK HAMMOCK CT TALLAHASSEE, FL 323016052	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT LITTLEFIELD, JEAN 3106 OAK HAMMOCK CT TALLAHASSEE, FL 323046052	<input checked="" type="checkbox"/> Delete	Perry C. Rowell 3127 OAK HAMMOCK COURT TALLAHASSEE, FL 32301
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	Kyle Fleming 421 Meadow Ridge Dr Tallahassee FL 32312
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Robert S. Rhinehart Jr. 4/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			