


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N30612 1. Entity Name BENNETT'S HAMMOCK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business POB 291792 PORT ORANGE, FL 32129-1792	Mailing Address POB 291792 PORT ORANGE, FL 32129-1792
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01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 28-4744289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent KIECKSEE, ROBERT 1108 LITTLE GARDEN CIR PORT ORANGE, FL 32129

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000797307
01/29/08-80068-011 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIECKSEE, ROBERT 1108 LITTLE GARDEN CR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONNEAU, SUZANNE 1100 LITTLE GARDEN CIR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEFIELD, JAY 1132 MEDITATION LOOP PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 117, 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 Kiecksee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08
Date

386-160-2928
Daytime Phone #