2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

FILED Feb 05, 2007 Secretary of State

Entity Name: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2582 S. MAGUIRE RD., #318 2582 S. MAGUIRE RD. OCOEE, FL 34761

318

OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

2582 S. MAGUIRE RD., #318 PO BOX 783367

WINTER GARDEN, FL 34778 OCOEE, FL 34761 US

FEI Number: 59-2983444 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:

SOLOMON, SPENCER R SOLOMON, SPENCER R 113 DESIRÉE AURORA ST. 14443 PRUNNING WOOD PLACE US WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

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: SPENCER SOLOMON 02/05/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MILNER, LYNN MILNER, LYNNE Name: Name: 1001 FEATHERSTONE CIR Address: 1001 FEATHERSTONE CIR Address: City-St-Zip: OCOEE, FL 347613411 City-St-Zip: OCOEE, FL 347613411

Title: PD () Delete Title: (X) Change () Addition

WILSEN, FRED Name: WILSEN, FRED Name:

Address: 1019 SHADY MAPLE CIRCLE Address: 1019 SHADY MAPLE CIRCLE

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: () Change () Addition

GARBINSKI, KEITH Name: Name: 1018 SHADY MAPLE CIRCLE Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip:

() Delete Title: SP Title: SD (X) Change () Addition

WESTOVER, JOANNE Name: Name: BALLARD, TERRI 1005 GINGERSPICE LANE Address: Address: 1029 FEATHERSTONE City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: (X) Change () Addition

GOLDEN, SUSAN GOLDEN, SUSAN Name: Name:

1022 FEATHERSTONE CIRCLE 1022 FEATHERSTONE CIRCLE Address: Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SPENCER SOLOMON RΑ 02/05/2007