


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 036 ****61.25

DOCUMENT # N35148			
1. Entity Name WALKING HORSE HAMMOCK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 500 35TH AVE. SW VERO BEACH FL 32968 US		Mailing Address 720 35TH AVENUE SW VERO BEACH FL 32968 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0173597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEAGRAVE, DEBORAH L 720 35TH AVENUE SW VERO BEACH FL 32968		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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: *Deborah Seagrave* DATE: *4-1-07*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAGRAVE, DEBORAH L			NAME			
STREET ADDRESS	720 35TH AVENUE SW			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH FL 32968			CITY - ST - ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLAND - O'DONNELL, PAT			NAME			
STREET ADDRESS	515 35TH AVENUE SW			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH FL 32968			CITY - ST - ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<i>DPresident</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, KEITH			NAME			
STREET ADDRESS	505 35TH AVENUE SW			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH FL 32968			CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<i>DVice President</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAGHAN, TRACY			NAME			
STREET ADDRESS	705 35TH AVE SW			STREET ADDRESS			
CITY - ST - ZIP	VERO BEACH FL 32968			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Deborah Seagrave* DATE: *4-1-07* DAYTIME PHONE #: *772 562-0165*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #