


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48239</b> 1. Entity Name GOLF HAMMOCK CLUB, INC.	
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Principal Place of Business 2222 GOLF HAMMOCK ROAD SEBRING, FL 33872 US	Mailing Address 2222 GOLF HAMMOCK RD. SEBRING, FL 33872 US
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3118983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SENIOR, THOMAS  
2222 GOLF HAMMOCK DR  
SEBRING, FL 33872

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000952283 06/04/08-88874-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKUS, BARBAARA 3201 PAR ROAD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SENIOR, THOMAS 4315 DUFFER LOOP SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCHEY, SUSAN 3613 CORMORANT POINT DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:** Thomas Senior **SECRETARY HOME 863-314-0644**

CUB 863-382-2151  
Date Daytime Phone #