2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N48701

Entity Name: HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1433 JUNIPER BUSH CT
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1433 JUNIPER BUSH CT
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3014858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUTEN, MICHAEL
1433 JUNIPER BUSH CT
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

TUTEN, ELIZABETH VD
1433 JUNIPER BUSH CT
JACKSONVILLE, FL 32221 US

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: ELIZABETH TUTEN 01/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ROGERS, MILLIE
Address: 8722 HAMMOND FOREST DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD ( ) Delete
Name: TUTEN, MICHAEL
Address: 1433 JUNIPER BUSH CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete
Name: RICKENBACH, TAMMY
Address: 8675 HAMMOND FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: T (X) Delete
Name: STRICKLAND, CATHY
Address: 1441 JUNIPER BUSH CT
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HIRES, SUSAN PD
Address: 8666 HAMMOND FOREST DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD (X) Change ( ) Addition
Name: TUTEN, ELIZABETH VD
Address: 1433 JUNIPER BUSH CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: STD (X) Change ( ) Addition
Name: STRICKLAND, CATHY STD
Address: 1441 JUNIPER BUSH CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHY STRICKLAND STD 01/24/2005
Electronic Signature of Signing Officer or Director Date