2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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01262007 Chg-NP CR2E037 (12/06)

DOCUMENT # N48701

1. Entity Name
HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1433 JUNIPER BUSH CT JACKSONVILLE, FL 32221	1433 JUNIPER BUSH CT JACKSONVILLE, FL 32221

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8626 HAMMOND FOREST DR Suite, Apt. #, etc.	8626 HAMMOND FOREST DR Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32221 Country: US	Zip: 32221 Country: US

4. FEI Number: 59-3014858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUTEN, ELIZABETH VD 1433 JUNIPER BUSH CT JACKSONVILLE, FL 32221	Name: ROACH, MICHAEL PD Street Address (P.O. Box Number is Not Acceptable): 8626 HAMMOND FOREST DR City: JACKSONVILLE FL Zip Code: 32221

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: MICHAEL J. ROACH 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $81.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIRES, SUSAN PD 8666 HAMMOND FOREST DR JACKSONVILLE, FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROACH, MICHAEL PD 8626 HAMMOND FOREST DR JACKSONVILLE FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TUTEN, ELIZABETH VD 1433 JUNIPER BUSH CT. JACKSONVILLE, FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, J.D. VD 8618 HAMMOND FOREST DR. JACKSONVILLE FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PEDRONI, GARY STD 8682 HAMMOND FOREST DR JACKSONVILLE FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: MICHAEL J. ROACH 2/5/07 904-783-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #