
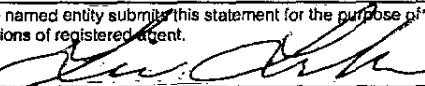
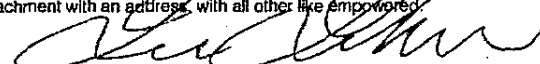


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N48878		
1. Entity Name THE HAMMOCKS OF OAK LANDING HOMEOWNERS CORPORATION		
Principal Place of Business 4756 SANDY RUN LANE JACKSONVILLE, FL 32224 US		Mailing Address 4756 SANDY RUN LANE JACKSONVILLE, FL 32224 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LINDSTROM, LAURA 4756 SANDY RUN LANE JACKSONVILLE, FL 32224		DO NOT WRITE IN THIS SPACE
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:  <u>Laura Lindstrom</u> <u>2/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, LISA 4839 MARSH HAMMOCK DR. E. JACKSONVILLE, FL 32224	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEWART, SCOTT 4706 MARSH HAMMOCK DR.W. JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSTROM, LAURA 4756 SANDY RUN LANE JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAHLER, RICHARD 4531 MARSH HAMMOCK DR. E. JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/16/05</u> <u>904-705-4485</u> <small>Date Daytime Phone #</small>



02162005 No Chg-NP CR2E037 (10/03)

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

11000001235396
02/19/05-80001-004 61.25