2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# N48878

Entity Name: THE HAMMOCKS OF OAK LANDING HOMEOWNERS CORPORATION

Current Principal Place of Business:

4847 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4847 MARSH HAMOOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

New Mailing Address:

4847 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKE, CAROLYN
4847 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEE, VAL
Address: 4823 MARSH HAMMOCK DR. E.
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPT ( ) Delete
Name: MENKE, DAVID
Address: 4847 MARSH HAMMOCK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: T ( ) Delete
Name: MENKE, CAROLYN
Address: 4847 MARSH HAMMOCK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ST ( ) Delete
Name: MACLEOD, LINDA
Address: 4813 MARSH HAMMOCK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN MENKE T 02/13/2008

Electronic Signature of Signing Officer or Director — Date