## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

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DOCUMENT # N9400002269  1. Entity Name SOUTH HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.								8 90012 038 ***	
5101 SE 11TH AVE. 5101			3 Address SE 11TH AVE. A, FL 34480	JS					
2. Principal Place of Business - No P.O. Box # 3. Mai			ing Address	<del></del>					
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			03212008 C	ha-NP	CR2E037 (12/06	
City & State			City & State			4. FEI Number 59-347563	37		Applied For
Zip Country		Zip	Zip		untry			¢9.75 A	Not Applicable
	S. Name and Address of Current Besistand Agest				I	5. Certificate of S	<del></del>	Fee Requi	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
HANPY, DARRYL 5100 SE 11TH AVE OCALA, FL 34480					Street Addres	ampy, I s (P.O. Box Number is	Not Acceptable	<b>L</b> ,	
OCALA, F	L 34480								
				City	FL Zip Code				
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 lamiliar with, and accept the obligations of registered agent.									
SIGNATURE									
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		lake check payable	
10. OFFICERS AND DIRECTO				11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE	T HAMPY, DARRYL		☐ Delete	TITL.	·			☐ Chang	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS				
CITY-ST-ZIP				CITY	- ST-ZIP				
TITLE	P		☐ Defete	TITL				☐ Chang	Addition
NAME STREET ADDRESS	WITT, TROY 490 SE 11TH AVE.			NAM					
CITY+ST-ZIP				STRE	FT ADDRESS I				
	OCALA, FL 34480				EET ADDRESS -ST-ZIP				i
TITLE	OCALA, FL 34480 V		☐ Delete	CITY TITL	-ST-ZIP			Change	Addition
NAME	OCALA, FL 34480 V GILLIGAN, PAT		☐ Delete	CITY TITLE NAM	-ST-ZIP E			Change	Addition
	OCALA, FL 34480 V		☐ Delete	TITLE NAM STRE	-ST-ZIP			☐ Chang	Addition
NAME STREET ADDRESS CITY-ST-ZIP	OCALA, FL 34480 V GILLIGAN, PAT 4950 SE 11TH AVE.		☐ Delete	TITLE NAM STRE	E E E ADDRESS - ST-ZIP			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OCALA, FL 34480 V GILLIGAN, PAT 4950 SE 11TH AVE.			CITY TITLE NAM STRE CITY TITLE NAM	-ST-ZIP  E  E  E  -ST-ZIP  E  E  E			<u></u>	
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08

352-843-0920