2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N94000002269

Entity Name: SOUTH HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5101 SE 11TH AVE.
OCALA, FL 34480 US

New Principal Place of Business:

5100 SE 11TH AVE.
OCALA, FL 34480 US

Current Mailing Address:

5101 SE 11TH AVE.
OCALA, FL 34480 US

New Mailing Address:

5100 SE 11TH AVE.
OCALA, FL 34480 US

FEI Number: 59-3475637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMPY, DARRYL
5100 SE 11TH AVE
OCALA, FL 34480 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: T ( ) Delete
Name: HAMPY, DARRYL
Address: 5100 SE 11TH AVE
City-St-Zip: OCALA, FL 34480

Title: P ( ) Delete
Name: WITT, TROY
Address: 490 SE 11TH AVE.
City-St-Zip: OCALA, FL 34480

Title: V ( ) Delete
Name: GILLIGAN, PAT
Address: 4950 SE 11TH AVE.
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HAMPY, DARRYL
Address: 5100 SE 11TH AVE
City-St-Zip: OCALA, FL 34480 US

Title: P (X) Change ( ) Addition
Name: WITT, TROY
Address: 4900 SE 11TH AVE.
City-St-Zip: OCALA, FL 34480 US

Title: V (X) Change ( ) Addition
Name: GILLIGAN, PAT
Address: 4950 SE 11TH AVE.
City-St-Zip: OCALA, FL 34480 US

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: DARRYL HAMPY TREA 02/24/2009

Electronic Signature of Signing Officer or Director — Date