2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N96000000983

1. Entity Name HAMMERSMITH HOMEOWNERS' ASSOCIATION OF





FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90818 047 ****61.25

NORTHWEST FLORIDA, INC.							
3298 SUMMIT BLVD STE 4 329		Mailing Address 3298 SUMMIT BLVD STE PENSACOLA, FL 32503	3298 SUMMIT BLVD STE 4		յսսա 🗸 -		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Numb 59-344	er 6792		pplied For at Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New 1	Registered Agent	
ETHERIDGE, KEVIN R. 3298 SUMMIT BLVD. S PENSACOLA, FL. 32503			Name Street Add	dress (P.O. Box Numb	er is Not Acceptabl	e)	
	• 9g •		City	· · · · · · · · · · · · · · · · · · ·		FL Zip Cod	e
	named entity submits this statement follows of registered agent.	r the purpose of changing its re	egistered office or r	registered agent, or bo	oth, in the State of F		and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title of applicable. (NOTE:	Registered Agent signsture	e required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Fi Trust Fund Contribution			\$5.00 May I Added to Fees	, , , , , , , , , , , , , , , , , , , 	flake check payable t rida Department of S	
10. OFFICERS AND DIRECTORS			11.			RS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, RICHARD 4219 SPINDWICK DR. PACE, FL 32571	r. Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP	sice fresiden	4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMUDDE, KEVIN 4256 N CAMBRIDGE WAY PACE, FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'REILLY, ART 4227 LANCASTER GATE DRIVE PACE, FL 32571	Delete	NAME 4	Secretary TI Red Hines LOTY E. CAMB Pace FL 3	ndgeway	☐ Change	Addition
TITLE		☐ Defete	TITLE			☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	D POLLOCK, MELINDA 4225 SPINDLEWICK DR. PACE, FL 32571	LJ USKRIE	NAME Street adoress City+St+Zip				
NAME Street adoress	POLLOCK, MELINDA 4225 SPINDLEWICK DR.	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	President Hodoly Smill 4058 E.Cam Pace Fl. 328	orageway	☐ Change	Addition

12. Thereby 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 period 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 of trusted and present a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appendix statute of the proposed of the corporation of the receiver of trusted and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appendix statutes.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

4-26-07