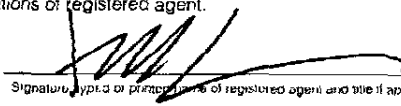
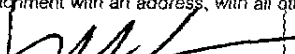


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002483					
1. Entity Name SLOAN HAMMOCK OWNERS ASSOCIATION, INC.					
Principal Place of Business 106 SE 7TH AVE DELRAY BEACH FL 33483			Mailing Address 106 SE 7TH AVE DELRAY BEACH FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0740004	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SLOAN, DANIEL 106 SE 7TH AVE DELRAY BEACH FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SLOAN, DANIEL 106 SE 7TH AVE DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000422544 02/17/06-80021-010 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLOAN, DONNA M 106 SE 7TH AVE DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORTCH, CHARLES 1123 7TH AVE. DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORTCH, PAMELA 1123 7TH AVE. DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE  2/6/06