2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000002483

1. Entity Name

SLOAN HAMMOCK OWNERS ASSOCIATION, INC.



						1	T. Co.	1		11/1/1	11)5	7 1
Principal Plac	ce of Busines:	Mailing	Mailing Address				1		UPA	ر ا	HOA	
106 SE 7TH AVE DELRAY BEACH FL 33483				106 SE 7TH AVE DELRAY BEACH FL 33483								
2. Principal F	Place of Busin	3. Mailing Address					HIN IUILA USSA BEJII B	ANI MAIII AAIII BAT	E IFA(I BIBE) ININT	HSSSUI DA TUUE		
Suite, Apt.	. #. elc.		Suite, Apt. #, etc.				1st MOORE CR2E037 (10/07)					
City & Sta	te		City & State					4. FEI Number Applied For Not Applicable				
Zip Country			Zip	Zip " C			5. Certificate of		Status Desired		\$8.75 Ad	Iditional
	6. Name	Registered	egistered Agent				7. Name and Address of New Registered Agent					
						Name						
106	DAN, DAN SE 7TH / RAY BEA		·			Street Address (P.O. Box Number is Not Acceptable)						
OCL	LNAT DEA									Zip Cod	ie .	
										FI	- ∤ `	
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												
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FILE NOW FEE S \$61.25 9. Election Campa Trust Fund Con								\$5.00 May Be Added to Fees	Flo	lake Chec rida Depa	rtment of	State
10.	PD OFFICERS AND DIREC							ADDITIONS/CHAN	IGES TO OFFIC	ERS AND D	~	
THILE NAME STREET ADDRESS CITY-ST-ZIP	SLOAN, DA 106 SE 7TH			☐ Delete				0	U00000: 2/20/08~:	824816 80092-0	Change 22 81.2	Addition
NAME STREET ADDRESS CITY-ST-ZIP	TD SLOAN, DO 106 SE 7TH DELRAY BE			☐ Delate						,	☐ Change	Addition
	VPD DORTCH, C 1123 7TH A DELRAY BE			Delete	NAME STREE	E Et address -St-Zip					Change	" [] Addilion "
	SD DORTCH, P 1123 7TH A DELRAY BE		•	C Opiete							☐ Change	☐ Addit:on
TITLE NAME				Defete	TITLE	Į.		-			Change .	☐ Addition
STREET AUORESS . CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				ET ANDRESS -ST-ZIP		•			. 7:1	• • •
TITLE NAME STREET ADDRESS				Delete	•	ET ADDRESS					Change	☐ Addition
CITY-ST-ZIP	L			/	CHY-	ST-ZIP					·	

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 of 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 all attachment with an address, with all other like empowered.