


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # N97000004239

1. Entity Name
HAMMOCK SHORES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**HAMMOCK COVE ROAD
 EASTPOINT, FL 32328**

Mailing Address
**P.O. BOX 378
 EASTPOINT, FL 32328**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3661004

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DURHAM, JAMES T
 9 HAMMOCK COVE ROAD
 EASTPOINT, FL 32328**

DO NOT WRITE IN THIS SPACE

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 James T Durham James T Durham 01/04/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000775341
 01/08/08-80026-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURHAM, JAMES T 9 HAMMOCK COVE RD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, WILLIAM 50 HAMMOCK COVE RD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLARDI, JEFFREY 30 HAMMOCK COVE RD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby 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 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: James T Durham JAMES T DURHAM 01/04/2008 850-670-5951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits in Phone #