2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

Apr 26, 2007 8:00 am DOCUMENT # N98000002132 Secretary of State 1. Entity Name 04-26-2007 90201 018 ****61.25 FIDDLER'S HAMMOCK HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 200 EXECUTIVE WAY PO BOX 2055 PONTE VEDRA FL 32004 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3511881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EWING, JOHN T 200 EXECUTIVE WAY Street Address (P.O. Box Number is Not Acceptable) STE 111 PONTE VEDRA BEACH FL 32082 Zip Code FL 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 _ Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ши PD ☐ Delete THE NAMI PALESE, DAN NAME PAUL KAMKE STREET ADDRESS STREET ADDRESS 3148 La Reserve Donne 3165 LA RESERVE DRIVE POHTE VEDRA FL 32082 CITY - ST - ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP Addition THE D Delete TITLE Change FRANK HARLA NAME ALBERTI, JOHN NAME 3144 La Reserve Drivo STREET ADDRESS 3160 LA RESERVE DR. STREET ADDRESS CHY-SI-7P POHIE VEDRA FL 32002 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 HILL Defete - 🖃 Change Addition NAMI BERTE, KEITH NAME STREET ADDRESS STREET ADDRESS 3149 LA RESERVE DR. CITY S1-ZIP CITY ST ZIP PONTE VEDRA BEACH FL 32082 IDEE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DITTE ☐ Defete TITLE Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY ST 7(P CITY ST 7IF TITLE Delete HILE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS

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 logal effect as if made under eath; 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.

CITY-S1-ZIP

SIGNATURE: RIVER BETS R KEITH BETTS TREASURED

CHY-ST-7/P

4/14/つ

FILED

904-280-7616