


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

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

04-30-2007 90386 001 ****70.00

DOCUMENT # N98000002626	
1. Entity Name OAK HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1331 ACORN CIRCLE APOPKA FL 32703 US	Mailing Address 1331 ACORN CIRCLE APOPKA FL 32703 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <u>Same</u>	3. Mailing Address Suite, Apt. #, etc. <u>Same</u>
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3520363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, KELLI 1331 ACORN CIRCLE APOPKA FL 32703

7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 Kelli Martin 2/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete NARDELLI, JOYCE 1231 ACORN CIRCLE APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JOHN, PATRICIA 1230 ACORN CIRCLE APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete MARTIN, KELLI 1331 ACORN CIRCLE APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete COLON, JESSE 1267 ACORN CIRCLE APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete FRYER, WENDY 1267 ACORN CIRCLE APOPKA FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelli Martin 2/3/07 407-464-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #