2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003
Secretary of State

DOCUMENT# N99000001594

Entity Name: WOODS OF HAMMOCK PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

51ST AVENUE E & 21ST WAY
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

PO BOX 2012
ONECO, FL 34264

New Mailing Address:

FEI Number: 65-8964726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, EDWIN M
1800 SECOND STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRAPO, HAROLD
Address: PO BOZ 2012
City-St-Zip: ONECO, FL 34264

Title: VD ( ) Delete
Name: DWIGHT, MARY LYNN
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: TD ( ) Delete
Name: ADDEN, KELLY
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: V ( ) Delete
Name: TURNER, STEPHEN
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: D ( ) Delete
Name: LACONTE, JAMES
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TURNER, STEPHEN
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: VD (X) Change ( ) Addition
Name: LACONTE, JAMES
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: TD (X) Change ( ) Addition
Name: DWIGHT, MARY LYNN
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: SD (X) Change ( ) Addition
Name: ADDEN, KELLY
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

Title: D (X) Change ( ) Addition
Name: GOLD, MICHAEL
Address: PO BOX 2012
City-St-Zip: ONECO, FL 34264

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LYNN DWIGHT TD 03/26/2003

Electronic Signature of Signing Officer or Director — Date