2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# N99000004647

Entity Name: CHRISTINA HAMMOCK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6520 LAKE CLARK DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5993
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-3599259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOGG, JOSEPHINE
6790 LAKE CLARK DRIVE
LAKELAND, FL 33813 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: FOGG, JOSEPHINE
Address: 6790 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Delete
Name: WARD, GIL
Address: 694 LAKE CLARK PLACE
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: VALENTINE, JANNETTE
Address: 779 LAKE CLARK COURT
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: TREADWELL, BOB
Address: 6565 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: FREEMAN, TERRI
Address: 6685 LAKE CLARK DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: FOGG, JOSEPHINE
Address: 6790 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: PD (X) Change ( ) Addition
Name: EDWARDS, JIM
Address: 6770 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LASH, EARLENE
Address: 6540 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TD (X) Change ( ) Addition
Name: CARRICO, NORMAN
Address: 6680 LAKE CLARK DR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NORMAN CARRICO TD 01/20/2007

Electronic Signature of Signing Officer or Director — Date