2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005523

FILED Mar 30, 2006 Secretary of State

Entity Name: SOUND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6266 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

P.O. BOX 6266 NAVARRE, FL 32566

FEI Number: 59-3605468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOX, KEITH PEITSCH, DINA 1782 SOUND HAMMOCK DRIVE 8285 NAVARRE PARKWAY

NAVARRE, FL 32566 NAVARRE, FL 32566

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: DINA PEITSCH 03/30/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Name:

BUEHNER, AL BLACKBURN, KEN Name: 1705 TURKEY OAK DR Address: 1726 TURKEY OAK DR Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: VPD () Delete Title: VPD (X) Change () Addition VELASQUEZ, CONRAD Name: RUSSO, MARK Name:

Address: 1736 TURKEY OAK Address: 1783 SOUND HAMMOCK DRIVE

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: () Delete Title: SD (X) Change () Addition VAUGHN, JEFF BURDO, JEFF Name: Name:

1704 TURKEY OAK 1800 SOUND HAMMOCK DRIVE Address: Address:

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: TD () Delete Title: TD (X) Change () Addition

FOX, KEITH Name: Name: RENSEL, KIMBERLY 1782 SOUND HAMMOCK DR 1701 TURKEY OAK DRIVE Address: Address: City-St-Zip: GULF BREEZE, FL 32566 City-St-Zip: GULF BREEZE, FL 32566

Title: () Delete Title: () Change (X) Addition

DAVID, ROBERT Name: Name: 7140 BLUE JACK DRIVE Address: Address: City-St-Zip: City-St-Zip: NAVARRE, FL 32566

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: KEN BLACKBURN PD 03/30/2006