

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 11, 2008
Secretary of State

DOCUMENT# N99000005523

Entity Name: SOUND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7173 BLUE JACK DRIVE
NAVARRE, FL 32566**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 6266
NAVARRE, FL 32566**New Mailing Address:****FEI Number:** 59-3605468**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PEITSCH, DINA
7186 AUSTRALIAN STREET
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**RDF ASSOCIATES, INC
29C HWY 98
FORT WALTON BEACH, FL 32548 US

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: ANDREA MCDERMOTT

08/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACFARLAND, ROB
Address: 7173 BLUE JACK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: VPD () Delete
Name: DELFOSSE, ROGER
Address: 7194 BLUE JACK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: SD () Delete
Name: CLOUTIER, ALEX
Address: 7125 BLUE JACK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: DIR () Delete
Name: VELAZQUEZ, CONRAD
Address: 1736 TURKEY OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32566

Title: DIR () Delete
Name: MONROE, ROBERT
Address: 7150 BLUE JACK DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MACFARLAND

PRES

08/11/2008

Electronic Signature of Signing Officer or Director

Date