


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000107597		
1. Entity Name SPRING HAMMOCK PARK, INC.		

FILED

06 SEP 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 520247 LONGWOOD, FL 32752	Mailing Address P.O. BOX 520247 LONGWOOD, FL 32752
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2. Principal Place of Business 1651 SPRING HAMMOCK WAY Suite, Apt. #, etc.	3. Mailing Address 1651 SPRING HAMMOCK WAY Suite, Apt. #, etc.
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08312006 Chg-P CR2E034 (11/05)

City & State LONGWOOD, FL	City & State LONGWOOD, FL	4. FEI Number 59-3754727	Applied For Not Applicable
Zip 32750	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOWLES, HARRISON R 1205 ROXBORO ROAD LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name: STONER, Michael R. Street Address (P.O. Box Number is Not Acceptable): 1651 SPRING HAMMOCK WAY SPRING HAMMOCK PARK City: Longwood FL Zip Code: 32750
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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: Michael R. Stoner DATE: 9/4/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME STERLING, ROBERT III STREET ADDRESS 114 SPRING VALLEY LOOP CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080188453 09/26/06--01067--016 **61.25
TITLE V NAME BOWLES, HARRISON R STREET ADDRESS 1205 ROXBORO ROAD CITY-ST-ZIP LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME STONER, MICHAEL STREET ADDRESS 1855 EAST ADAMS DRIVE CITY-ST-ZIP MAITLAND, FL 32751	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARTER W. WAMPLER VP 805 LAKE HOWARD DRIVE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 Chapter 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another title empowered.

SIGNATURE: Michael R. Stoner DATE: 9/4/06 DAYTIME PHONE: 407 312-3359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel SEP 21 2006