

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2004
Secretary of State**

DOCUMENT# N02000003588

Entity Name: OAK HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

4620 S ATLANTIC AVE
PONCE INLET, FL 32127

New Principal Place of Business:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

Current Mailing Address:

4620 S ATLANTIC AVE
PONCE INLET, FL 32127

New Mailing Address:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

FEI Number: 74-3046235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREADWAY, FRED
4620 S ATLANTIC AVE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

BAUMANN, KARLA
4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127 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: KARLA BAUMANN

03/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TREADWAY, FRED
Address: 4620 S ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: CALLEA, CHARLES
Address: 4620 S ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: CIRKS, DOUG
Address: 4620 S ATLANTIC AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: BARDASH, THOMAS
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D/VP (X) Change () Addition
Name: LATHAM, PETER
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D/S (X) Change () Addition
Name: BAUMANN, KARLA
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: THOMAS BARDASH

PRES

03/23/2004

Electronic Signature of Signing Officer or Director

Date