

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003588

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: OAK HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 74-3046235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAUMANN, KARLA  
4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127 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: D/T ( ) Delete  
Name: BARDASH, THOMAS  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D/P ( ) Delete  
Name: TANNER, DEBBIE  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, FL 32127

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

Title: VP/D ( ) Delete  
Name: QUILLIAN, TEX  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, 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: CRONIN, BARBARA  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, FL 32127

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

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

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: TOM BARDASH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/D

02/05/2008

\_\_\_\_\_  
Date