

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003588

FILED
Mar 11, 2009
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/P () Delete
Name: BARDASH, THOMAS
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

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

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:

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: THOMAS BARDASH

P/D

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date