

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007434

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** OAK HAMMOCK ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2090 WEST EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2090 WEST EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 20-3985540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANDON, THOMAS R  
2090 WEST EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32935 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: PD (X) Delete  
Name: RENFRO, ROBERT M  
Address: 7331 OFFICE PARK PLACE #200  
City-St-Zip: VIERA, FL 32940

Title: SD (X) Delete  
Name: STAFFORD, RONALD E  
Address: 7331 OFFICE PARK PLACE #200  
City-St-Zip: VIERA, FL 32940

Title: D (X) Delete  
Name: EULER, ERNEST C  
Address: 7331 OFFICE PARK PLACE #200  
City-St-Zip: VIERA, FL 32940

Title: T ( ) Delete  
Name: BRANDON, THOMAS R  
Address: 7331 OFFICE PARK PLACE #200  
City-St-Zip: VIERA, FL 32940

Title: P ( ) Delete  
Name: BRANDON, THOMAS R  
Address: 2090 WEST EAU GALLIE BLVD SUITE A  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: FAULKNER, TIM  
Address: 741 REBAB AVE NE  
City-St-Zip: PALM BAY, FL 32907

**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: T (X) Change ( ) Addition  
Name: SERGIS, STEVEN P MR  
Address: 6233 HALYARD CT  
City-St-Zip: ROCKLEDGE, FL 32955

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: STEVEN P. SERGIS

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date