

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003627

FILED
Feb 02, 2009
Secretary of State

Entity Name: OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2455 HIGHWAY 17 SOUTH LOT 6
BARTOW, FL 33830

New Principal Place of Business:

2455 HIGHWAY 17 SOUTH LOT 16
BARTOW, FL 33830

Current Mailing Address:

2455 HIGHWAY 17 SOUTH
LOT 31
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3412485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIGNAC, KAY
2455 HIGHWAY 17 SOUTH LOT 31
BARTOW, FL 33830 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 () Delete
Name: GIGNAC, KAY
Address: 2455 US 17 S. LOT 31
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: MCGUE, MARGE
Address: 2455 US 17 S. LOT 50
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: FOIL, GERRY
Address: 2455 US 17 S. LOT 82
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: RAMSBY, BETTIE
Address: 2455 US 17 S LOT 2
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: BELLMAN, HAROLD
Address: 2455 US 17S LOT 88
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ARNOLD, BARBARA
Address: 2455 US 17 S. LOT 90
City-St-Zip: BARTOW, FL 33830

Title: SD (X) Change () Addition
Name: WILKIN, MAUREEN
Address: 2455 US 17 S. LOT 18
City-St-Zip: BARTOW, FL 33830

Title: TD (X) Change () Addition
Name: HEFFRON, PEGGY
Address: 2455 US 17 S LOT 16
City-St-Zip: BARTOW, FL 33830

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: PEGGY HEFFRON

MS

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date