

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90063 027 ****61.25

DOCUMENT # N01000002420					
1. Entity Name THE HAMMOCK BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 FLORIDA PARK DRIVE S., STE. 300 PALM COAST, FL 32137			Mailing Address 215 CELEBRATION PLACE, STE. 200 CELEBRATION, FL 34747		
2. Principal Place of Business 200 OCEAN CREST DR Suite, Apt. #, etc.		3. Mailing Address 200 OCEAN CREST DR. Suite, Apt. #, etc.			
City & State PALM COAST, FL		City & State PALM COAST, FL		4. FEI Number 59-3747502	
Zip 32137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ASP, JOHN R STREET ADDRESS 200 OCEAN CREST CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE PD NAME JACK FRETZ STREET ADDRESS 200 OCEAN CREST DR., #811 CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME HAGLER, MATTHEWS STREET ADDRESS 200 OCEAN CREST CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE D NAME MATTHEW S. HAGLER STREET ADDRESS 200 OCEAN CREST DR. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME ULMER, GREG STREET ADDRESS 200 OCEAN CREST CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME PHIL PATE STREET ADDRESS 408 MAIN STREET CITY-ST-ZIP N. MYRTLE BEACH, SC 29582	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE STD NAME LES JOHNSON STREET ADDRESS 315 SURFSIDE DRIVE CITY-ST-ZIP SURFSIDE BEACH, SC 29575	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME BOB VANBERGEN STREET ADDRESS 200 OCEAN CREST DR. CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JACK L. FRETZ 2-4-04 386-246-5563 <small>Date Daytime Phone #</small>		