

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 017 ****61.25

DOCUMENT # N01000002420					
1. Entity Name THE HAMMOCK BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 OCEAN CREST DR. PALM COAST, FL 32137			Mailing Address 200 OCEAN CREST DR. PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3747502	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOCK BEACH RESORT MANAGEMENT, LLC 200 OCEAN CREST DRIVE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name: <u>Ginn Property Management LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>Melissa Shane</u> <u>31 Lupi Court Suite 230</u> City: <u>Palm Coast</u> <u>FL</u> Zip Code: <u>32137</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	VPD FRETZ, JACK <input type="checkbox"/> Delete 20 OCEAN CREST DR. #811 PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Ocean Crest Dr #914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATE, PHIL <input type="checkbox"/> Delete 408 MAIN ST. NORTH MYRTLE BEACH, SC 29582		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSEWATER, LYNNE <input type="checkbox"/> Delete 200 OCEAN CREST DR. # 815 PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWLETTE, EARL <input checked="" type="checkbox"/> Delete 22 BRIDGESIDE BLVD MOUNT PLEASANT, SC 29464		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Porter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Ocean Crest Drive Palm Coast FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, CARLTON <input type="checkbox"/> Delete 200 OCEAN CREST DR. PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Date Daytime Phone #</small>					

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