

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002420

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE HAMMOCK BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 OCEAN CREST DR.
PALM COAST, FL 32137

New Principal Place of Business:

31 LUPI COURT
230
PALM COAST, FL 32137

Current Mailing Address:

200 OCEAN CREST DR.
PALM COAST, FL 32137

New Mailing Address:

31 LUPI COURT
230
PALM COAST, FL 32137

FEI Number: 59-3747502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINN PROPERTY MANAGEMENT LLC
MELISSA SHANE
31 LUPI COURT SUITE 230
PALM COAST, FL 32137 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: VPD () Delete
Name: FRETZ, JACK
Address: 200 OCEAN CREST DR #914
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: PATE, PHIL
Address: 408 MAIN ST.
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: STD () Delete
Name: ROSEWATER, LYNNE
Address: 200 OCEAN CREST DR, # 815
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: PORTER, JEFF
Address: 200 OCEAN CREST DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: GRANT, CARLTON
Address: 200 OCEAN CREST DR.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: CORLISS, ROBERT
Address: 5052 LEGENDS DRIVE
City-St-Zip: BRASELTON, GA 30517

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: MELISSA SHANE

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date