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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002499**

1. Corporation Name
HAMMOCK CREEK MASTER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
2350 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445	2350 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/16/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0584144 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELMORE, GEORGE T 2350 SO CONGRES AVE. DELRAY BEACH FL 33445	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, GEORGE T		1.2 NAME	
STREET ADDRESS	2350 S. CONGRESS AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445-7398		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHAEFER, CONRAD W		2.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON BLVD., SUITE 128		2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FAGAN, GREGORY J		3.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON BLVD., SUITE 128		3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE D	☐ Change ☒ Addition
NAME			4.2 NAME Doug Gordon	
STREET ADDRESS			4.3 STREET ADDRESS 2350 S Congress Av	
CITY-ST-ZIP			4.4 CITY-ST-ZIP Delray Bch FL 33445-7398	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Elmore SIGNATURE REQUIRED 4/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)