

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000437

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** HAMMOCK COMMUNITY CONSERVATION CORPORATION

**Current Principal Place of Business:**

8 SYCAMORE TERRACE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 539  
PALM COAST, FL 32136

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLEERY, CAROLE A  
8 SYCAMORE TERRACE  
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: P  
Name: BYRD, JOHN  
Address: 8 DOGWOOD TERRACE  
City-St-Zip: PALM COAST, FL 32137

Title: VP  
Name: CROWE, THAD  
Address: 43 OCEAN STREET  
City-St-Zip: PALM COAST, FL 32137

Title: S  
Name: FAIRLEY, SUSAN  
Address: 32 OCEAN DUNE CR  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: MCCLEERY, CAROLE A  
Address: 8 SYCAMORE TERRACE  
City-St-Zip: PALM COAST, FL 32137

Title: T  
Name: MCCLEERY, CAROLE  
Address: 8 SYCAMORE TERRACE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: NEMRAVA, ALMA  
Address: 7 NANTUCKET DR.  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: CAROLE A MCCLEERY

TREA

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date