

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002420

**Entity Name:** THE HAMMOCK BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**3995298922CC****Current Principal Place of Business:**1 HAMMOCK BEACH PKWY  
SUITE 102  
PALM COAST, FL 32137**Current Mailing Address:**5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US**FEI Number: 59-3747502****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US*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**Officer/Director Detail :**

Title	PRESIDENT, TREASURER
Name	REILLY, KEVIN
Address	1 HAMMOCK BEACH PKWY SUITE 102
City-State-Zip:	PALM COAST FL 32137

Title	VP
Name	WISHNIA, BERNIE
Address	1 HAMMOCK BEACH PKWY SUITE 102
City-State-Zip:	PALM COAST FL 32137

Title	SECRETARY
Name	REDD, PATRICIA
Address	1 HAMMOCK BEACH PKWY SUITE 102
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	GRANT, CARLTON
Address	1 HAMMOCK BEACH PKWY SUITE 102
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	VAN MIDDLEWORTH, JACKIE
Address	1 HAMMOCK BEACH PKWY SUITE 102
City-State-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: KEVIN REILLY****PRESIDENT****04/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date