FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/95--01061--002
***4050.00 ****200.00

DOCUMENT # 416680 (7)

1. Corporation Name
HAMMOCK DUNES REAL ESTATE COMPANY

Principal Place of Business	Mailing Address
EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151	EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

4. FEI Number: 13-2809532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for interstate tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BUTLER, SAMUEL JR.	12 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CUFF JR., ROBERT	22 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	BRAUNSTEIN, RICHARD	32 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP	
TITLE	~~VD~~	41 TITLE V	☒ Change ☐ Addition
NAME	GARDNER, JAMES	42 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	44 CITY ST ZIP	
TITLE	~~TD~~	51 TITLE T	☒ Change ☐ Addition
NAME	ARMOUR, WILLIAM	52 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	53 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE $PTS11	☐ Change ☐ Addition
NAME	POWERS, RICHARD	62 NAME	
STREET ADDRESS	1330 AVE. OF THE AMERICA	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT G. CUFF, JR. 4/26/95 Date 904 445 2677 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012606 CP