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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 416680 (7)
1. Corporation Name
HAMMOCK DUNES REAL ESTATE COMPANY

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

Mailing Address
EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1973

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BUTLER, SAMUEL JR.
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE S ☐ DELETE
NAME CUFF JR., ROBERT
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE V ☐ DELETE
NAME GARDNER, JAMES
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE TD ☐ DELETE
NAME CALLEA, CHARLES J
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

TITLE AS ☐ DELETE
NAME POWERS, RICHARD
STREET ADDRESS 1330 AVE. OF THE AMERICA
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Samuel Butler, Jr.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME James E. Gardner
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME Victoria P. Gard
3.3 STREET ADDRESS 1 CORPORATE DR.
3.4 CITY-ST-ZIP PALM COAST, FL 32151

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

4-21-98

604) 445-5000

CR2E034 (10/97)