2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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1. Entity Name

HAMMOCK DUNES REAL ESTATE COMPANY



Principal Place of Business

2 CAMINO DEL MAR PALM COAST, FL 32137 Mailing Address

2 CAMINO DEL MAR PALM COAST, FL 32137



DO NOT WRITE IN THIS CRACE	01122005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For
	13-2809532	Not Applicat
	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		

PENDLETON, TERRY G 2 CAMINO DEL MAR PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	surpose of changing its registered	office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	=	<u> </u>	<u>- </u>	
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE Registered A	gent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENDELTON, TERRY G 2 CAMINO DEL MAR PALM COAST, FL 32137			//00000181968 01/19/05-80010-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS COLEE, STERLING D 2 CAMINO DEL MAR PALM COAST, FL 32137			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, WALLIS D 2 CAMINO DEL MAR PALM COAST, FL 32137		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP			-	· · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby o	ertify that the information supplied with this fill	ing does not qualify for the exemp	otion stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

386/446-6200