

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000766

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: ROBERTS HAMMOCK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2680 LOIS LANE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

2680 LOIS LANE  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 59-3638685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PRESTON, GUY S  
2860 LOIS LANE  
JACKSONVILLE BEACH, FL 32250      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: PD      ( ) Delete  
Name: PRESTON, GUY S  
Address: 2680 LOIS LN  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VTD      ( ) Delete  
Name: ANCELIN, NICK A  
Address: 14356 FALCON HEAD DR  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VSD      ( ) Delete  
Name: KURTZ, JOHN H  
Address: 8150 LONE STAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD      (X) Change ( ) Addition  
Name: ANCELIN, NICK A  
Address: 2055 LOIS LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GUY S PRESTON

PD

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date