

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001425

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE HAMMOCKS ASSOCIATION OF SEAGROVE BEACH, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 82-0550010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL FL 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: DV () Delete
Name: ECENIA, STEVEN
Address: 652 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DP () Delete
Name: TRAVIS, SHELLY
Address: 795 MABRY RD
City-St-Zip: ATLANTA, GA 30328 US

Title: DS () Delete
Name: MALKOVICH, MELISSA
Address: 57 BRAMBLE LN
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

Title: DT (X) Delete
Name: KINSLEY, IRENE
Address: 59 BRAMBLE LN
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

Title: D (X) Delete
Name: HENDERSON, AMANDA
Address: 2556 YORKMONT DR
City-St-Zip: VESTAVIA, AL 32556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ECENIA, STEVEN
Address: 652 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DST (X) Change () Addition
Name: TRAVIS, SHELLY
Address: 795 MABRY RD
City-St-Zip: ATLANTA, GA 30328 US

Title: DP (X) Change () Addition
Name: MALKOVICH, MELISSA
Address: 57 BRAMBLE LN
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHELLY TRAVIS

S

04/23/2008

Electronic Signature of Signing Officer or Director

Date