

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001425

FILED  
Apr 10, 2012  
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:**

WILLIAM S. HOWELL, JR., J.D., P.A.  
1727 S COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 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:** DP  
**Name:** JACOBS, JOSLYN  
**Address:** 120 HAMMOCK LANE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** DST  
**Name:** KINSLEY, IRENE  
**Address:** 59 BRAMBLE LANE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** DVP  
**Name:** JACOBS, ADAM  
**Address:** 120 HAMMOCK LANE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOSLYN JACOBS

PRES

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date