# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2004**
**Secretary of State**

DOCUMENT# N00000006622

**Entity Name:** THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

215 GRAND BOULEVARD
SANDESTIN, FL 32550

**New Principal Place of Business:**

P.O. BOX 9315
PANAMA CITY BEACH, FL 32417 US

**Current Mailing Address:**

215 GRAND BOULEVARD
SANDESTIN, FL 32550

**New Mailing Address:**

P.O. BOX 9315
PANAMA CITY BEACH, FL 32417 US

**FEI Number: 59-3698297** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARIC, JOHN
7900 GLADES RD., #200
BOCA RATON, FL 33434 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: VD ( ) Delete
Name: WILSON, RODERICK T
Address: 1701 E. COUNTY HWY 30 A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD ( ) Delete
Name: DUKE, DOUG
Address: 2800 N. HWY. 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD ( ) Delete
Name: GREENE, WILLIAM B
Address: 1701 E COUNTY HWY, 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: SD (X) Change ( ) Addition
Name: DUKE, DOUG
Address: 2800 N. HWY. 77
City-St-Zip: LYNN HAVEN, FL 32444

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: WILLIAM B. GREENE PD 01/27/2004

Electronic Signature of Signing Officer or Director — Date