2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N00000006622

Entity Name: THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 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: SD ( ) 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: VP (X) Change ( ) Addition
Name: WILSON, RODERICK T
Address: 1701 E. COUNTY HWY 30 A
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: D (X) Change ( ) Addition
Name: DYE, CRAIG
Address: 3208 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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: ROD WILSON PRES 01/24/2005

Electronic Signature of Signing Officer or Director — Date