## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006622

FILED Jan 04, 2006 Secretary of State

Entity Name: THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 9315 PANAMA CITY BEACH, FL 32417 US **Current Mailing Address: 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: Name and Address of New Registered Agent: MARX, CHRISTINE M 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WILSON, RODERICK T MORGAN, TOM Name: Name: 1701 E. COUNTY HWY 30 A Address: 100 BECKRICH ROAD Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: PANAMA CITY BEACH, FL 32413 Title: SD Title: VD (X) Change ( ) Addition ( ) Delete BAKER, BOBBY Name: RAVIN, STEVE Name: Address: 2800 N. HWY. 77 Address: 3743 BAY TREE ROAD City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444 Title: Title: STD (X) Change ( ) Addition () Delete DYE, CRAIG SMITH, KEVIN Name: Name: 3208 AZALEA CIRCLE Address: Address: 2800 N. HWY 77 LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444 ( ) Change (X) Addition Title: () Delete Title: Name: Name: DYE, CRAIG Address: Address: 3208 AZALEA CIRCLE City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444 Title: () Delete Title: ( ) Change (X) Addition NICHOLS, JASON Name: Name: 2800 N. HWY 77 Address: Address: LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME W. BURG MGR 01/04/2006