

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006622

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2827 JOAN AVENUE
SUITE B
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

91 WINDRIDGE COURT
PANAMA CITY BEACH, FL 32413 US

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:

TIMOTHY, SLOAN J
427 MCKENZIE AVENUE
PANAMA CITY FL, FL 32402 US

Name and Address of New Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32402 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: TIMOTHY J SLOAN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARRIS, TERRY C
Address: 3508 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: THEISS, GILBERT
Address: 3065 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: BOND, ANGEL
Address: 3519 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD () Delete
Name: LEETH, HELENE R
Address: 3206 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: PENNINGTON, THOMAS
Address: 3030 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ANDERSON, SHARON
Address: 3007 HAWTHORNE PLACE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD (X) Change () Addition
Name: WILLIFORD, IRIS
Address: 3029 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change () Addition
Name: SANDERS, RUSS
Address: 3470 CHERRY RIDGE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD (X) Change () Addition
Name: LEETH, HELENE R
Address: 3206 AZALEA CIRCLE
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 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: HELENE R LEETH

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date