# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2010**
**Secretary of State**

DOCUMENT# N00000006622

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

**Current Principal Place of Business:**

91 WINDRIDGE COURT
PANAMA CITY BEACH, FL 32413 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:**

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32402 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
Name: ANDERSON, SHARON
Address: 3007 HAWTHORNE PLACE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD
Name: WILLIFORD, IRIS
Address: 3029 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: PD
Name: LEETH, HELENE R
Address: 3206 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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

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: AMANDA NICHOLS CAM 04/28/2010

Electronic Signature of Signing Officer or Director Date