2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# N00000006622

Entity Name: THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5513 WALLACE ROAD
PANAMA CITY, FL 32404 US

New Principal Place of Business:

415 R. JACKSON BLVD.
SUITE 202
PANAMA CITY BEACH, FL 32407 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:

LEEBRICK, BRIAN D
220 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: TREA
Name: MCCULLOUGH, LENA
Address: 3061 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: SEC
Name: TERRY, PARRIS
Address: 3508 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: THEISS, GILBERT
Address: 3065 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP
Name: PENNINGTON, MARY A
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: IRIS WILLIFORD VP 03/30/2012

Electronic Signature of Signing Officer or Director Date