

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002165

FILED  
Feb 17, 2008  
Secretary of State

**Entity Name:** HAMMERHEAD TRIATHLON CLUB, INC

**Current Principal Place of Business:**

301 FIRST STREET  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49119  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 59-3650994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DERKUM, TERRI  
301 FIRST STREET  
NEPTUNE BEACH, FL 32266 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: P ( ) Delete  
Name: WALLIS, SUSAN  
Address: 123 N ROSCOE BLVD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: V ( ) Delete  
Name: WILSON, PAUL  
Address: 605 BARBARA LN.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S (X) Delete  
Name: CAULEY, LAURA  
Address: 218 OCEANWALK DR. S.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: RIVERA, PABLO  
Address: 104 SAND CASTLE WAY  
City-St-Zip: NEPTUNE BEACH, FL 322266

Title: T ( ) Delete  
Name: DERKUM, TERRI  
Address: 301 FIRST ST  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: RIVERA, PABLO  
Address: 104 SAND CASTLE WAY  
City-St-Zip: NEPTUNE BEACH, FL 322266

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: SUSAN P WALLIS

P

02/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date