2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N02000006781 03-11-2008 90022 042 ****61.25 THE VILLAS AT HAMMOCK BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 31 Lupi Court, Suite 230, 31 Lupi Court, Suite 230. Palm Coast, FL 32137 Palm Coast, FL 32137 _ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 51-0436422 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent : LLC Street Address (P.O. Box Number is Not Acceptable) **Ginn Property Management** Melissa Shane 31 Lupi Court, Suite 230 Palm Coast, FL 32137 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. 2-28-08 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD TITLE ☐ Delete TITLE Change ☐ Addition KATZ; LAWRENCE NAME : NAME STREET ADDRESS 1265 VIA LUGANO STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP mne TITLE ☐ Addition ☐ Delete ☐ Channe NAME MOOREHOUSE, ED NAME STREET ADDRESS 25505 MARSH LANDING PKWY STREET ADDRESS CITY-ST-7IP CITY-ST-71P PONTE VEDRA BEACH, FL 32082 TITLE Delete TITLE STD □ Change ☐ Addition JANET SGAMMA NAME RHEE, EUGENE NAME 200 Ocean CREST DR #1032 3 CEDAR COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP Palm Coast 32137 MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ŞT-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Mar 11, 2008 8:00 am