
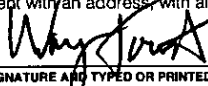


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90290 016 ***61.25

DOCUMENT # N03000000046 1. Entity Name HAMMOCK MOORINGS SOUTH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1318 PONTE VEDRA BLVD PONTE VEDRA BCH, FL 32082		Mailing Address 1318 PONTE VEDRA BLVD PONTE VEDRA BCH, FL 32082	
2. Principal Place of Business 10672 Quail Ridge Dr. Suite, Apt. #, etc.		3. Mailing Address 10672 Quail Ridge Dr. Suite, Apt. #, etc.	
City & State Saint Augustine, FL Zip 32095		City & State Saint Augustine, FL Zip 32095	
Country U.S.		Country U.S.	
4. FEI Number 04272004		Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	President
NAME	FORISTER, WAYNE	NAME	Forister, Wayne
STREET ADDRESS	1318 PONTE VEDRA BLVD	STREET ADDRESS	10672 Quail Ridge Dr.
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP	Saint Augustine FL 32095
TITLE	D	TITLE	
NAME	FORISTER, TRIGG	NAME	
STREET ADDRESS	PO BOX 2787	STREET ADDRESS	
CITY-ST-ZIP	WIMBERLY, TX 786762787	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BUSH, RON	NAME	
STREET ADDRESS	11 CHELSEA CT	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: 		Date: 4-27-04 Daytime Phone #: 904-825-9921	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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