2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0300000046 1. Entity Name HAMMOCK MOORINGS SOUTH HOMEOWNERS' ASSOCIATION, INC.					04-29-2004 90290 016 ****61.25					
	e of Business VEDRA BLVD A BCH, FL 32082	Mailing Address 1318 PONTE VEDRA BLV PONTE VEDRA BCH, FL 3				140	11985			
		Laurani								
2. Principal P	ace of Business Quail Ridge Dr.	3. Mailing Address Quail	Ridge Dr	•	i (20)((6) 0)(0		11. 51 31			
Suite, Apt.	#, etc. J	Suite, Apt. #, etc.			04272004	Chg-NP	CR2E	037 (10/03)		
City & State	Augustine, Fl	Saint Augusti	ne Fl		4. FEI Number			<u> </u>	plied For at Applicable	
3700C	Country	Zip	Country U.S.		5. Certificate o	f Status Desired	<u> </u>	\$8.75 Add	litional	
<u> </u>	14.5.	32095	<u>u.s.</u>						-	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and A	ddress of Nev	v Hegistered	Agent		
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800			Street A	Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	VILLE, FL 32202									
	•		City				FI	Zip Code	8	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registere	d agent, or both	, in the State of	Florida. I an	n familiar with,	and accept	
and denigat										
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	•									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	tegistered Agent signatu	ure required w	hen reinstating)		DATE			
SIGNATURE .		nd title if applicable. (NOTE: R						ck payable to		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor	aign Financing	_ ;	\$5.00 May Be Added to Fees	F	Make che lorida Depa	ertment of St	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 904-825-992