

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000046

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** HAMMOCK MOORINGS SOUTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10672 QUAIL RIDGE DR  
SAINT AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

10672 QUAIL RIDGE DR  
SAINT AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE, FL 32202 US

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: FORISTER, WAYNE  
Address: 10672 QUAIL RIDGE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: FORISTER, TRIGG  
Address: PO BOX 2787  
City-St-Zip: WIMBERLY, TX 786762787

Title: D ( ) Delete  
Name: BUSH, RON  
Address: 11 CHELSEA CT  
City-St-Zip: PALM COAST, FL 32137

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE FORISTER

P

07/05/2005

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

\_\_\_\_\_  
Date