2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State
04-06-2004 90018 007 ****61.25

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01142004 Chg-NP CR2E037 (10/03)

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1. Entity Name
HAMMOCK GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DR. SOUTH, STE. 400 JACKSONVILLE, FL 32216	6620 SOUTHPOINT DR. SOUTH, STE. 400 JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address
5455 A1A South	5455 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Fl	City & State: St Augustine, Fl
Zip: 32080 Country: US	Zip: 32080 Country: US

4. FEI Number 20-0394792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, BRIAN C
6620 SOUTHPOINT DR. SOUTH, STE. 400
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: May Management Services
Street Address (P.O. Box Number is Not Acceptable): 5455 A1A South
City: St. Augustine FL Zip Code: 32080

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, CLINTON F 6620 SOUTHPOINT DR. SOUTH, STE. 400 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, KIM 6620 SOUTHPOINT DR. SOUTH, STE. 400 JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VPD Trick, Cathy 6620 South point Dr. S. Suite 400 Jacksonville, Fl 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOYD, LISA 6620 SOUTHPOINT DR. SOUTH, STE. 400 JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition STD Polseno, Gina 6620 Southpoint Dr. S. Suite 400 Jacksonville, Fl 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/3/04 904 296-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #