


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90178 028 \*\*\*\*61.25

**DOCUMENT # N03000007242**

1. Entity Name  
**HAMMOCK GROVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**5455 A1A SOUTH  
 SAINT AUGUSTINE, FL 32080**

Mailing Address  
**5455 A1A SOUTH  
 SAINT AUGUSTINE, FL 32080**

**50048023**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country

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

**MAY MGMT. SVCS.  
 5455 A1A SOUTH  
 SAINT AUGUSTINE, FL 32080**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 PD  Delete  
 NAME SMITH, CLINTON F  
 STREET ADDRESS 6620 SOUTHPOINT DR. SOUTH, STE. 400  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME TRICK, CATHY  
 STREET ADDRESS 6620 SOUTHPOINT DR. S, STE. 400  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME POLSENO, GINA  
 STREET ADDRESS 6620 SOUTHPOINT DR. S, STE. 400  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: Cathy Trick 4-28-05 (904) 296-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Cathy Trick - Vice President*