

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007242

FILED  
Feb 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

10036 SAWGRASS DR W  
SUITE 1  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-0394792      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080      US

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

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: T  
Name: HARLOW, LORIE J  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S  
Name: WARDEN, CHUCK  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P  
Name: GERSHEN, LAWRENCE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP  
Name: COOK, ROBERT  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DIR  
Name: LASONDE-SMITH, DAYLE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: LORIE HARLOW

TREA

02/23/2011

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

\_\_\_\_\_  
Date