

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007242

FILED
Feb 08, 2012
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

T

02/08/2012

Electronic Signature of Signing Officer or Director

Date