

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009553

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** HAMMOCK CREEK COMMERCE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

245 RIVERSIDE AVENUE SUITE 500  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIVERSIDE AVENUE SUITE 500  
ATTN. LEGAL DEPT.  
JACKSONVILLE, FL 32202

**New Mailing Address:**

245 RIVERSIDE AVENUE SUITE 500  
ATTN. LEGAL DEPT. - SUSAN WHITLATCH  
JACKSONVILLE, FL 32202

**FEI Number:** 20-0486047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARX, CHRISTINE M  
245 RIVERSIDE AVENUE SUITE 500  
JACKSONVILLE, FL 32202 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: DV ( ) Delete  
Name: SLAPPEY, BRADFORD A  
Address: 245 RIVERSIDE AVENUE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP ( ) Delete  
Name: MOALLI, JACKIE  
Address: 3800 ESPLANADE WAY SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32311

Title: DV ( ) Delete  
Name: DREW, CORBETT  
Address: 3800 ESPLANADE WAY SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete  
Name: AYSCUE, BRANDON L  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS ( ) Delete  
Name: ELDER, SCOT M  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: ODOM, HEIDI  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: NETTLES, JOHN  
Address: 3800 ESPLANADE WAY SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: JONES, PHILIP B  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRANDON L. AYSCUE

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04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date