

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009553

FILED
Apr 09, 2009
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:

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: D-P () Delete
Name: WIER, WILLIAM W
Address: 3800 ESPLANADE WAY, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: D-VP () Delete
Name: PRADO, ABRAHAM
Address: 3800 ESPLANADE WAY, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: D-S () Delete
Name: HORNSBY, MELISSA
Address: 3800 ESPLANADE WAY, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: JONES, PHILIP B
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: AT () Delete
Name: CHILDERS III, DAVID F
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P (X) Change () Addition
Name: CHANEY, SHARI
Address: 245 RIVERSIDE AVE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: D-VP (X) Change () Addition
Name: BRANDON, MIKE
Address: 3800 ESPLANADE WAY, SUITE 330
City-St-Zip: TALLAHASSEE, FL 32311

Title: D-S (X) Change () Addition
Name: PRADO, ABRAHAM
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:

I hereby certify that the information supplied with this filing does not qualify 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: SHARI CHANEY

D-P

04/09/2009

Electronic Signature of Signing Officer or Director

Date