

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90013 036 ****61.25

DOCUMENT # N04000003677

1. Entity Name
EAGLES HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**950-1 DAVIS POND BLVD
JACKSONVILLE, FL 32259**

Mailing Address
**C/O MAY MGMT SERV
5455 A1A S
SAINT AUGUSTINE, FL 32080**



03242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0982692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARKS, ANNA M
C/O MAY MGMT SERV, INC
5455 HWY A1A S
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNS, KENNETH
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	ZAKOSKE, JOHN
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	DOAN, JAN
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

9048995234

Daytime Phone #