

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003677

FILED
Apr 22, 2009
Secretary of State

Entity Name: EAGLES HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

950-1 DAVIS POND BLVD
JACKSONVILLE, FL 32259

New Principal Place of Business:

12627 SAN JOSE BLVD.
SUITE 501
JACKSONVILLE, FL 32223

Current Mailing Address:

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

New Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 20-0982692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILLIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: DEARING, MARK C
Address: 9456 PHILLIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Delete
Name: RESTALL, SHELBY
Address: 9456 PHILLIPS HWY STE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, ALAN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: BENSON, RICK
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: FRANKLIN, MARVIN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Change (X) Addition
Name: COMPTON, RACHEL A
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: LANDAU, NANCY
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: RACHEL A. COMPTON

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date