2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N04000003677

Entity Name: EAGLES HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12627 SAN JOSE BLVD.
SUITE 501
JACKSONVILLE, FL 32223

New Principal Place of Business:

10036 SAWGRASS DR. W
SUITE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0982692 **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
SUITE 3
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: P
Name: WARD, ALAN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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

Title: D
Name: LANDAU, NANCY
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT 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: RICK BENSON VP 04/06/2010

Electronic Signature of Signing Officer or Director — Date