

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007225

FILED
Apr 24, 2007
Secretary of State

Entity Name: CAMBRIA AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19 AVENUE DE LA MER
PALM COAST, FL 32137

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137

Current Mailing Address:

POB 352031
PALM COAST, FL 32135

New Mailing Address:

POST OFFICE BOX 352031
PALM COAST, FL 32135

FEI Number: 20-3157585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNON, FRED JR
7 FLORIDA PRK DR N
PALM COAST PROPERTY MGMT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, FRED JR
7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, JEAN A
Address: POB 352031
City-St-Zip: PALM COAST, FL 32137

Title: VPSD () Delete
Name: HASELDEN, JAMES
Address: POB 352031
City-St-Zip: PALM COAST, FL 32135

Title: TD () Delete
Name: HAWKINS, D. HUNT
Address: POB 352031
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: PARKS, STEPHEN
Address: POB 352031
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Delete
Name: PRETZ, JACK
Address: POB 352031
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, JEAN A
Address: POST OFFICE BOX 352031
City-St-Zip: PALM COAST, FL 32137

Title: VP/S (X) Change () Addition
Name: HASELDEN, JAMES
Address: POST OFFICE BOX 352031
City-St-Zip: PALM COAST, FL 32135

Title: TD (X) Change () Addition
Name: HAWKINS, D. HUNT
Address: POST OFFICE BOX 352031
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: JORGENSEN, MICHELLE
Address: POST OFFICE BOX 352031
City-St-Zip: PALM COAST, FL 32135

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: JEAN A. TAYLOR

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date