

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 020 ****61.25

DOCUMENT # N05000007225 1. Entity Name CAMBRIA AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7 FLORIDA PARK DRIVE NORTH SUITE C PALM COAST FL 32137			Mailing Address POST OFFICE BOX 352031 PALM COAST FL 32135		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3157585	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANNON, FRED JR 7 FLORIDA PARK DRIVE NORTH SUITE C PALM COAST FL 32137				7. Name and Address of New Registered Agent Name Annon, Fred Jr. Street Address (P.O. Box Number is Not Acceptable) Southern States Management Group, Inc. 7 Florida Park Drive North, Suite C City Palm Coast, Florida FL Zip Code 32137	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, JEAN A POST OFFICE BOX 352031 PALM COAST FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S HASELDEN, JAMES POST OFFICE BOX 352031 PALM COAST FL 32135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAWKINS, D. HUNT POST OFFICE BOX 352031 PALM COAST FL 32135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, MICHELLE POST OFFICE BOX 352031 PALM COAST FL 32135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jorgensen, Michelle Post Office Box 352031 Palm Coast, FL 32135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Payne, Linda Post Office Box 352031 Palm Coast, FL 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Barrows, Garth Post Office Box 352031 Palm Coast, Florida 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowered.					
SIGNATURE: Jean A. Taylor					