

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009032

FILED
Jan 27, 2009
Secretary of State

Entity Name: HAMMOCK BAY FREEPORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1850 GREAT HAMMOCK BEND
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

4507 FURLING LANE SUITE 113
DESTIN, FL 32541

New Mailing Address:

FEI Number: 32-0161045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPASS RESORTS LLC
4507 FURLING LANE
SUITE 113
DESTIN, FL 32541 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: PD () Delete
Name: ODOM, JAY
Address: POST OFFICE BOX 1735
City-St-Zip: DESTIN, FL 325401735

Title: VP () Delete
Name: WILLIAMS, KELLY
Address: PO BOX 1735
City-St-Zip: DESTIN, FL 32541

Title: SEC () Delete
Name: BURROUGH, LAURA
Address: PO BOX 1735
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY ODOM

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date