

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013163

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** HAMMOCK MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2 JUNGLE HUT ROAD STE 1  
PALM COAST, FL 32137

**New Principal Place of Business:**

308 NORTH 2ND STREET  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

2 JUNGLE HUT ROAD STE 1  
PALM COAST, FL 32137

**New Mailing Address:**

P.O. BOX 668  
FLAGLER BEACH, FL 32136

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNER, TIMOTHY J  
2 JUNGLE HUT ROAD STE 1  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

BOBACK, JOHN E SR  
590 SPRINGDALE DRIVE  
FLAGLER BEACH, FL 32136 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: JOHN E. BOBACK, SR.

03/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BOBACK, JOHN  
Address: PO BOX 668  
City-St-Zip: FLAHER BEACH, FL 32136

Title: DT ( ) Delete  
Name: BOBACK, ROBYN  
Address: PO BOX 668  
City-St-Zip: FLAHER BEACH, FL 32136

Title: DS ( ) Delete  
Name: CONNER, TIMOTHY J  
Address: 2 JUNGLE HUT ROAD STE 1  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BOBACK, JOHN E SR  
Address: PO BOX 668  
City-St-Zip: FLAHER BEACH, FL 32136

Title: DT (X) Change ( ) Addition  
Name: BOBACK, ROBYN  
Address: PO BOX 668  
City-St-Zip: FLAHER BEACH, FL 32136

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN E. BOBACK, SR

DP

03/07/2007

Electronic Signature of Signing Officer or Director

Date