2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# N06000013163

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: FLAGER 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