2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N08000006144

Entity Name: HAMMOCK COMMERCIAL PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

40 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

New Principal Place of Business:

40 ISLAND ESTATES PKWY
PALM COAST, FL 32137

Current Mailing Address:

40 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137

New Mailing Address:

40 ISLAND ESTATES PKWY
PALM COAST, FL 32137

FEI Number: 26-2939275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, TIMOTHY
40 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

TCV CONSULTING, INC.
11766 MANDARIN RD
JACKSONVILLE, FL 32223 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: TIMOTHY E. CARROLL 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: O'KEEFE, BARBARA
Address: 40 ISLAND ESTATES PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: MCMILLAN, ROBERT E III
Address: 40 ISLAND ESTATES PARKWAY
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: CARROLL, TIMOTHY
Address: 40 ISLAND ESTATES PARKWAY
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: O'KEEFE, BARBARA A
Address: 40 ISLAND ESTATES PKWY
City-St-Zip: PALM COAST, FL 32137

Title: DV (X) Change ( ) Addition
Name: MCMILLAN, ROBERT E W III
Address: 2 JUNGLE HUT RD
City-St-Zip: PALM COAST, FL 32137

Title: DST (X) Change ( ) Addition
Name: CARROLL, TIMOTHY E
Address: 11766 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

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: TIMOTHY E. CARROLL RA 02/24/2009
Electronic Signature of Signing Officer or Director Date