

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26948

FILED
Aug 31, 2006
Secretary of State

Entity Name: THE HAMMOCK COMMUNITY CENTER CORPORATION INC.

Current Principal Place of Business:

2 LANTARACE DRIVE
C/O DONALD HOSKINS
THE HAMMOCK, FL 321372606 US

New Principal Place of Business:

Current Mailing Address:

2 LANTARACE DRIVE
C/O DONALD HOSKINS
THE HAMMOCK, FL 321372606 US

New Mailing Address:

FEI Number: 59-3023536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOSKINS, DONALD
2 LANTARACE DRIVE
PALM COAST, FL 321372606 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: HOSKINS, DONALD
Address: 2 LANTARACE DRIVE
City-St-Zip: THE HAMMOCK, FL 32137

Title: T () Delete
Name: MCCERY, CAROLE
Address: 8 SYCOMORE TER.
City-St-Zip: THE HAMMOCK, FL 32137

Title: SD () Delete
Name: SCHOBBER, LORENE
Address: 6 SWEET BAY DRIVE
City-St-Zip: THE HAMMOCK, FL 32137

Title: D () Delete
Name: HOSKINS, JANICE
Address: 1 LANTARACE DRIVE
City-St-Zip: THE HAMMOCK, FL 32137

Title: D () Delete
Name: RUBINO, ROBERT
Address: 6931 NORTH OCEANSHORE BLVD
City-St-Zip: THE HAMMOCK, FL 32137

Title: D () Delete
Name: HARPE, HAROLD
Address: ARMOND BEACH DRIVE
City-St-Zip: THE HAMMOCK, FL 32137

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:

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 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: DONALD HOSKINS

PD

08/31/2006

Electronic Signature of Signing Officer or Director

Date