
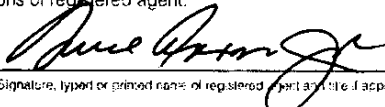
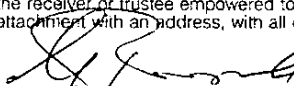


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90016 022 \*\*\*\*61.25

<b>DOCUMENT # N30763</b> 1. Entity Name <b>HAMMOCK DUNES OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7 FLORIDA PARK DRIVE NORTH SUITE C PALM COAST FL 32137 US</b>			Mailing Address <b>POST OFFICE BOX 353338 PALM COAST FL 32135 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2944529</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANNON, FRED JR. PALM COAST PROPERTY MGMT. 7 FLORIDA PARK DRIVE NORTH SUITE C PALM COAST FL 32137</b>				7. Name and Address of New Registered Agent Name <b>Annod, Fred Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Southern States Management Group, Inc.</b> <b>7 Florida Park Drive North Suite C</b> City <b>Palm Coast</b> <b>FL</b> Zip Code <b>32137</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERT, DAVID POST OFFICE BOX 353338 PALM COAST FL 32135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BAGNALL, GEORGE POST OFFICE BOX 353338 PALM COAST FL 32135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T JEBBIA, KELLI F POST OFFICE BOX 353338 PALM COAST FL 32135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jebbia, Kelli</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DIPERNA, COSMO POST OFFICE BOX 353338 PALM COAST FL 32135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURBAY, JAY POST OFFICE BOX 353338 PALM COAST FL 32135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Aiello, Bruce</b> <b>Post Office Box 353338 Palm Coast 32135</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONBACHER, FRED POST OFFICE BOX 353338 PALM COAST FL 32135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Krolicki, Janet</b> <b>Poost Office Box 353338</b> <b>Palm Coast, Fl 32135</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			George Bagnall		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/07)

3-19-08 396 446-6333