


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31088**  
 1. Entity Name  
**HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**200 EXECUTIVE WAY  
 SUITE 111  
 PONTE VEDRA FL 32082  
 US**

Mailing Address  
**P.O. BOX 2055  
 PONTE VEDRA FL 32004  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-3369523** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**EWING, JOHN T  
 200 EXECUTIVE WAY  
 SUITE 111  
 PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME WHITE, MARTY STREET ADDRESS 8505 BURNHAM CIR CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME MULVEE, SUZANNE STREET ADDRESS 8508 BURNHAM CIRCLE CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME STONE, LOUISE STREET ADDRESS 6536 BURNHAM CIRCLE CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	NAME MERIEM, RANDY STREET ADDRESS 6501 BURNHAM CIR CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME MCLEAN, JIM STREET ADDRESS 6510 BURNHAM CIR CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

U00000501420  
 04/25/06-80059-025 61.25

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: *[Handwritten Signature]* MARTY WHITE 11/11 04/25/06-80059-025 61.25