

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36431

FILED
Jan 22, 2008
Secretary of State

Entity Name: THE HAMMOCK BEACH ESTATES HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

29 COTTONWOOD TRAIL
PALM COAST, FL 32137

New Principal Place of Business:

50 ARMAND BEACH DRIVE
PALM COAST, FL 32137

Current Mailing Address:

PO BOX 350668
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3139437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACHARIAS, PAUL
29 COTTONWOOD TRAIL
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANDERSON, LARRY
50 ARMAND BEACH DRIVE
PALM COAST, FL 32137 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: LARRY ANDERSON

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZACHARIAS, PAUL
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: SD () Delete
Name: STEELE, PEGGY
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: T () Delete
Name: FRATERICK, BLACK E
Address: PO BOX 650668
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: BOWEN, JOSEPH
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: VPD () Delete
Name: CLARK, DEBRA L
Address: 87 COTTOWOOD TR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, LARRY
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change () Addition
Name: AMUSO, LAWERENCE
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: T (X) Change () Addition
Name: BLACK, FREDERICK E
Address: PO BOX 650668
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: AUSTIN, MICHELE
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK E. BLACK

T

01/22/2008

Electronic Signature of Signing Officer or Director

Date