

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36431

FILED
Feb 16, 2012
Secretary of State

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

Current Principal Place of Business:

25 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:

HAMBY, ROBERT
25 COTTONWOOD TRAIL
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANDERSON, LAWRENCE T
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: LAWRENCE T. ANDERSON

02/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, LAWRENCE T
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: SD
Name: AUSTIN, MICHELLE
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: T
Name: ROBINSON, ELIZABETH
Address: 18 MAHOE DRIVE NORTH
City-St-Zip: PALM COAST, FL 32137

Title: D
Name: FELLICANO, SARAH
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

Title: VPD
Name: CLARKE, SARA
Address: PO BOX 350668
City-St-Zip: PALM COAST, FL 32135

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE T. ANDERSON

PD

02/16/2012

Electronic Signature of Signing Officer or Director

Date