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1997 OCT 30 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT **1997 (AMENDED)**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38849
1. Corporation Name
ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**180 SR 207
St. Augustine, FL 32095**

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 840100** 26 **P.O. Box 840100**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
St. Augustine, FL **St. Augustine, FL**
24 Zip 25 Country 29 Zip 30 Country
32084-0100 **US**

3. Date Incorporated or Qualified **6/28/90** 3a. Date of Last Report **4/18/97**
4. FEI Number **59-3018981** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Christopher Runk
180 SR 207
St. Augustine, FL 32095**

10. Name and Address of New Registered Agent
81 Name **Lawrence G. Lilly**
82 Street Address (P.O. Box Number is Not Acceptable) **336 Redwing Lane**
83
84 City **St. Augustine** 85 Zip Code **FL 32084-3**

11. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above-named corporation submits this annual report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that I am familiar with and accept the provisions of Section 617.0503, Florida Statutes.
SIGNATURE *Lawrence G. Lilly* **Lawrence G. Lilly** DATE **10/26/97**
*****61.25 *****61.25

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESLIE, John Jr.	
STREET ADDRESS	180 State Road 207	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LILLY, Lawrence	
STREET ADDRESS	180 State Road 207	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RUNK, Paul B.	
STREET ADDRESS	180 State Road 207	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUNK, Arthur H. Jr.	
STREET ADDRESS	180 State Road 207	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUNK, Christopher	
STREET ADDRESS	180 State Road 207	
CITY-ST-ZIP	St. Augustine, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LESLIE, John Jr.	
1.3 STREET ADDRESS	205 Bluebird Lane	
1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LILLY, Lawrence G.	
2.3 STREET ADDRESS	336 Redwing Lane	
2.4 CITY-ST-ZIP	St. Augustine, FL 32084	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES, Rolf	
3.3 STREET ADDRESS	341 Redwing Lane	
3.4 CITY-ST-ZIP	St. Augustine, FL 32084	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEIMER, Daniel	
4.3 STREET ADDRESS	208 Bluebird Lane	
4.4 CITY-ST-ZIP	St. Augustine, FL 32084	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	POWDY, Gary	
5.3 STREET ADDRESS	67 Saragossa Street	
5.4 CITY-ST-ZIP	St. Augustine, FL 32084	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Leslie, Jr.* **John Leslie, Jr.** DATE: **10/26/97** DAYLINE PHONE #: **(904) 461-5590**

CR2E037 (9/96)

*288
10/30/97*