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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90226 041 ****61.25

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DOCUMENT # N38849

1. Corporation Name

ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 840100 ST. AUGUSTINE FL 32084-0100	P.O. BOX 840100 ST. AUGUSTINE FL 32084-0100

2. Principal Place of Business
21 1093 AIA BEACH BLVD.
Suite, Apt. #, etc.
22 #396
City & State
23 ST. AUGUSTINE FL
Zip 24 32084 Country 25

2a. Mailing Address
26 1093 AIA BEACH BLVD.
Suite, Apt. #, etc.
27 #396
City & State
28 ST. AUGUSTINE FL
Zip 29 32084 Country 30

3. Date Incorporated or Qualifed
06/28/1990

4. FEI Number
59-3018981
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LILLY, LAWRENCE G
336 REDWING LANE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name JAMES, ROLF M.
82 Street Address (P.O. Box Number is Not Acceptable) 341 REDWING LANE
83
84 City ST. AUGUSTINE FL 85 Zip Code 32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement 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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Asst. Mgr. ROLF M. JAMES 2/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LESLIE JR, JOHN 205 BLUEBIRD LANE ST. AUGUSTINE FL 32084	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WEIMER, DANIEL 208 BLUEBIRD LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LILLY, LAWRENCE G 336 REDWING LANE ST. AUGUSTINE FL 32084	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD HIEBERT, JAMES 220 BLUEBIRD LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAMES, ROLF 341 REDWING LANE ST. AUGUSTINE FL 32084	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD LASSITER, CHARLES M. 320 REDWING LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEIMER, DANIEL 208 BLUEBIRD LANE ST. AUGUSTINE FL 32084	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD LESLIE JR, JOHN 205 BLUEBIRD LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWDY, GARY 67 SARAGOSSA STREET ST. AUGUSTINE FL 32084	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D BLACK, RICHARD K. 405 NIGHTHAWK LANE ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	M JAMES, ROLF M. 341 REDWING LANE ST. AUGUSTINE, FL. 32084	☐ Change ☒ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Hiebert 2/11/99 904-461-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #