2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State
08-09-2000 90081 039 ****61.25

DOCUMENT # N38849

1. Entity Name

ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1093 A1A BEACH BLVD #396 ST. AUGUSTINE FL 32084	1093 A1A BEACH BLVD #396 ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1093 A1A BEACH BLVD	1093 A1A BEACH BLVD
Suite, Apt. #, etc. PMB #396	Suite, Apt. #, etc. PMB #396
City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL.
Zip 32080 Country	Zip 32080 Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, ROLF M 341 REDWING LANE ST. AUGUSTINE FL 32084 ~~32084~~ 32080	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEIMER, DANIEL 208 BLUEBIRD LANE ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLACK, RICHARD K 405 NIGHTHAWK LANE ST. AUGUSTINE, FL. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIEBERT, JAMES 220 BLUEBIRD LANE ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAME ZIP 32080	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LASSITER, CHARLES M 320 REDWING LANE ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOMINGOES, FRANK A. 300 REDWING LANE ST. AUGUSTINE, FL. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LESLIE, JOHN JR 205 BLUEBIRD LANE ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AILICINO, MICHAEL 318 REDWING LANE ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, RICHARD K 405 NIGHTHAWK LANE ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMES, DOROTHY M. 209 BLUEBIRD LANE ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JAMES, ROLF M 341 REDWING LANE ST AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SAME ZIP 32080	☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 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: SIGNATURE ROLF M JAMES 8/6/00 904-461-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #