2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90487 020 ****61.25

0007415

DOCUMENT # N38849

1. Entity Name

ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1093 A1A BEACH BLVD PMB #396 ST. AUGUSTINE FL ~~32084~~ 32080	1093 A1A BEACH BLVD PMB #396 ST. AUGUSTINE FL ~~32084~~ 32080

934531

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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 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	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	D DOROTHY GRIMES 205 BLUEBIRD 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	V FRANK A. DOMINGOES 309 REDWING LANE ST. AUGUSTINE, FL. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LASSITER, CHARLES M 320 REDWING LANE ST. AUGUSTINE FL 32084	☒ Delete	S MICHAEL AULICINO 328 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, RICHARD K 405 NIGHTHAWK LANE ST. AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JAMES, ROLF M 341 REDWING LANE ST AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED ROLF M. JAMES 3/14/01 904-461-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #