

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38849

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

300 REDWING LANE  
SAINT AUGUSTINE, FL 32080

## New Principal Place of Business:

120 ISLAND HAMMOCK WAY  
SAINT AUGUSTINE, FL 32080

## Current Mailing Address:

300 REDWING LANE  
SAINT AUGUSTINE, FL 32080

## New Mailing Address:

P. O. BOX 840217  
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3018981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGOES III, FRANK A  
300 RED WING LANE  
SAINT AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

ALLMAN, MYRON D  
120 ISLAND HAMMOCK WAY  
SAINT AUGUSTINE, FL 32080 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: MYRON D. ALLMAN

04/24/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: ALLMAN, ELAINE  
Address: 120 ISLAND HAMMOCK WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT ( ) Delete  
Name: SMITH, CHARLES  
Address: 341 REDWING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D@L ( ) Delete  
Name: LARRY, LILLY  
Address: 336 RED WING LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DP ( ) Delete  
Name: AULICINO, MICHAEL  
Address: 328 REDWING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVP ( ) Delete  
Name: FORD, JAMES  
Address: 420 NIGHTHAWK LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: AMGR ( ) Delete  
Name: DOMINGOES, FRANK A  
Address: 300 REDWING LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: ALLMAN, ELAINE  
Address: 120 ISLAND HAMMOCK WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: LARRY, LILLY  
Address: 336 RED WING LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: ADAMS, RAY  
Address: 340 REDWING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: AMGR (X) Change ( ) Addition  
Name: ALLMAN, MYRON D  
Address: 120 ISLAND HAMMOCK WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE ALLMAN

DVP

04/24/2005

Electronic Signature of Signing Officer or Director

Date