

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38849

FILED
Apr 15, 2008
Secretary of State

Entity Name: ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

328 REDWING LANE
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 840217
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3018981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AULICINO, MICHAEL
328 REDWING LANE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: STOVAL, JOANNE
Address: 248 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT () Delete
Name: DORIS, WILES
Address: 405 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVP () Delete
Name: SHAKIB, JOHN
Address: 228 BLUEBIRD LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DS () Delete
Name: EASTMAN, MARY
Address: 412 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DP () Delete
Name: ADAMS, RAY
Address: 340 REDWING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: AMGR () Delete
Name: AILICINO, MICHAEL
Address: 328 REDWING LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: DOMPE, PHILIP
Address: 301 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DVP (X) Change () Addition
Name: ELAINE, ALLMAN
Address: 405 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

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

Title: DP (X) Change () Addition
Name: EASTMAN, MARY
Address: 412 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL AULICINO

AMGR

04/15/2008

Electronic Signature of Signing Officer or Director

Date