## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38849

FILED Feb 16, 2010 Secretary of State

Entity Name: ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

328 REDWING LANE SAINT AUGUSTINE, FL 32080

Current Mailing Address: 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: Name and Address of New Registered Agent:

AULICINO, MICHAEL 328 REDWING LANE

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.

III the State of Florida

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DF

SIGNATURE:

 Name:
 DOMPE, PHILIP

 Address:
 301 REDWING LANE

 City-St-Zip:
 ST. AUGUSTINE, FL 32080

Title: DVP

Name: FREUDENBERGER, ROBERT
Address: 244 BLUEBIRD LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVP

 Name:
 LESLIE, JOHN

 Address:
 205 BLUEBIRD LANE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title: DVP

 Name:
 EASTMEN, LAURAN

 Address:
 312 REDWING LANE

 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: DT

 Name:
 ADAMS, RAY

 Address:
 340 REDWING LANE

 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: AMGR

Name: AILICINO, MICHAEL Address: 328 REDWING LANE

City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL AULICINO AMGR 02/16/2010