

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38849

FILED
Feb 15, 2012
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: DP
Name: DOMINGOES, FRANK
Address: 300 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DVP
Name: ALLMAN, ELLAINE
Address: 120 ISLAND HAMMOCK WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVP
Name: VAJDA, LILLIAN
Address: 125 ISLAND HAMMOCK WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DVP
Name: BUSHELL, TONY
Address: 400 NIGHT HAWK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DT
Name: TAYLOR, DAIL
Address: 316 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: M. AULICINO

AMGR

02/15/2012

Electronic Signature of Signing Officer or Director

Date