2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # N96000001625 1. Entity Name 05-09-2008 90016 020 ****61.25 HALLMARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 200 EXECUTIVE WAY, SUITE 111 PONTE VEDRA FL 32082 PO BOX 2055 PONTE VEDRA FL 32004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3369857 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EWING, JOHN T 200 EXECUTIVE WAY, SUITE 111 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA FL 32082 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. I am familiar with, and accept the obligations of registered agent. •3 SIGNATURE Signature, typed or antique remains of registered agent and see I applicable. (NOTE: Registored Agent signature reduced when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2008 Added to Fees Florida Department of State rriifipit aj il 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ★ Addition NICK GRECO SCHIAUDNE, PHYLLIS NAME NAME PONTE VERRH, 1-632082 1203 SPINNAKERS BEACH DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP TITLE Delete TITLE BENDER, BILL NAME BILL BENDER CAME YOU SPINNAKERS REACH OR. 1401 SPINNAKER REACH DR STREET ADDRESS STREET ADDRESS POHSE VEDRA, FL 32002 CITY-ST-ZIP PONTE VEDRA FL 32082 CITY-ST-ZIP TITLE Delete TITLE . Change ____ Addition_ FRANKEL, PHYLLIS NAME NAME STREET ADDRESS 1202 SPINNAKER'S RENCH DRIVE STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-782 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP TITLE ☐ Delete 10006 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY - ST- ZIP CITY-ST-7P

FILED

SIGNATURE: Dand Ches NICK GRECU 4/15/08 904-280->6/6

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.