2002 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # N9700001244 1. Entity Name HAMMOCK DUNES PROPERTY OWNERS ASSOCIATION, INC. 05-21-2002 91226 040 ****61.25 Mailing Address Principal Place of Business P.O BOX 351000 17 VIA ROMA PALM COAST FL 32137 PALM COAST FL 32137 860901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3504185 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Stainbrook, Elmer C 17 VIA ROMA PALM COAST FL 32137 Zip Code City 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. SIGNATURE d title if applicable (NOTE: Registered Agent signature 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition TITLE DIRECTOR TITLE □ Delete GRONBACHER GRONBACHER, FRED NAMÉ NAME STREET ADDRESS 11 AVENUE DE LA MER, #1402 STREET ADDRESS 5 AVENUE DE LA MER CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 PALM COAST Change VPD ☐ Addition ☐ Delete TITLE DIRECTOR TITLE ALBERT, BOB NAME ALBERT, BOB NAME 10 VIA VERONA STREET ADDRESS OUAVERONA STREET ADDRESS 32/37 CITY-ST-7IP PALM COAST FL 32137 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE -STAINBROOK, ELMER NAME NAME STREET ADDRESS 17 VIA ROMA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 PRESIDENT SD Change ☐ Addition TITLE Delete CONNER, BILL NAME NAME STREET ADDRESS 7 valencia CT. STREET ADDRESS VALENCIA CITY-ST-7IP CITY-ST-ZIP PALM COAST FL 32137 ALM COAST **Addition** ☐ Change SECRETARY TITLE Delete TITLE MANLEY, MARION NAME NAME RUM, HOWARD 9 PLACE CONCORDE STREET ADDRESS STREET ADDRESS ANDREWS CT. CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete TITLE Change ☐ Addition TITLE HAMEL, BOB NAME NAME 21 MARBELLA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137

12. I hereby certify that the information supplied with this filing does not qualify 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 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 trusted 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 attact

ELMER C. STAINBROOK 4/20/02

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Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			DO NOT WRITE II	N THIS SPACE		
City & State		City & State			4. FEI Number 59-3504185		Applied For Not Applicable		
Zip		Country	Zip	Cou	intry	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name	and Address of Current i	Registered Agent			7. Name and Address of New Regi	stered Agent		
					Name			····	
STAINBROOK		C			Street Addres	s (P.O. Box Number is Not Acceptable)			
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8. The above na	med entity	y submits this statement fo	r the purpose of changing its	register	ed office or regis	stered agent, or both, in the state of Florida	3 .		1
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SIGNATURE	ontra been	or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requ	Jired when reinstating)	DATE		
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