

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90043 001 \*\*\*\*61.25

**DOCUMENT # N97000002055**

1. Entity Name  
**OCEAN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

Mailing Address  
**5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3458041**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
STT AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **COOK, FRED**  
STREET ADDRESS **43 KINGFISHER LANE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **D** ☐ Delete  
NAME **CRIMMINS, JOHN**  
STREET ADDRESS **35 OCEAN CREST WAY #1145**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **T** ☐ Delete  
NAME **NALLY, TOM**  
STREET ADDRESS **37 OAK VIEW CIRCLE E.**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **S** ☒ Delete  
NAME **HAGER, DOUG**  
STREET ADDRESS **3 ATLANTIC PLACE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **D** ☐ Delete  
NAME **HATCHER, STEVEN**  
STREET ADDRESS **85 OCEAN OAKS LN**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **VP** ☐ Delete  
NAME **PARKS, WADE**  
STREET ADDRESS **1428 RIDGE ROAD**  
CITY-ST-ZIP **LAUREL HOLLOW, NY 11791**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **RICHARD DE MATTEIS**  
STREET ADDRESS **67 OCEAN OAKS LANE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **D** ☒ Change ☐ Addition  
NAME **COOK, FRED**

TITLE **S** ☒ Change ☐ Addition  
NAME **NALLY, TOM**

TITLE **D** ☐ Change ☒ Addition  
NAME **KENNETH NEU**  
STREET ADDRESS **20 KINGFISHER LANE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **P** ☐ Change ☐ Addition  
NAME **PARKS, WADE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/20/08**