

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2004  
Secretary of State**

DOCUMENT# N97000004239

Entity Name: HAMMOCK SHORES HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

HAMMOCK COVE ROAD  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 378  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: 59-3661004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DURHAM, JAMES T  
9 HAMMOCK COVE ROAD  
EASTPOINT, FL 32328      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: PD      ( ) Delete  
Name: DURHAM, JAMES T  
Address: 9 HAMMOCK COVE RD  
City-St-Zip: EASTPOINT, FL 32328

Title: D      ( ) Delete  
Name: ROCHE, JOE E  
Address: 6 HAMMOCK COVE RD  
City-St-Zip: EASTPOINT, FL 32328

Title: D      (X) Delete  
Name: CUNNINGHAM, CLARENCE  
Address: 330 HEATHER BROOK  
City-St-Zip: JEFFERSON CITY, TN 37760

Title: D      ( ) Delete  
Name: HARRIS, MIKE  
Address: 149 SOUTH ST  
City-St-Zip: BUFORD, GA 30518

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES T. DURHAM

PD

01/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date