

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004239

FILED  
Jan 11, 2010  
Secretary of State

**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  
Name: DURHAM, JAMES T  
Address: 9 HAMMOCK COVE RD  
City-St-Zip: EASTPOINT, FL 32328

Title: D  
Name: STOVER, THOMAS  
Address: 26 HAMMOCK COVE RD  
City-St-Zip: EASTPOINT, FL 32328

Title: D  
Name: LLARDI, JEFFREY  
Address: 30 HAMMOCK COVE RD  
City-St-Zip: EASTPOINT, FL 32328

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: JAMES T. DURHAM

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date