

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000074348

1. Entity Name
ESF HAMMOCK CREEK, INC.



Principal Place of Business
2101 S. CONGRESS AVE
DELRAY BEACH, FL 33445

Mailing Address
2101 S. CONGRESS AVE
DELRAY BEACH, FL 33445

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 15 AM 9:01



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-1155081 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T
2101 SO. CONGRESS AVE
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | ELMORE, GEORGE T |
| STREET ADDRESS | 2101 SO CONGRESS AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |

| | |
|----------------|------------------------|
| TITLE | STD |
| NAME | GORDON, DOUGLAS G |
| STREET ADDRESS | 2101 SO CONGRESS AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |

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IN THIS SPACE**

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 607, 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 offices empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-07 5612780456

Date

Daytime Phone #