

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90073 017 ***150.00

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1. Entity Name

HAMMOCK DUNES EXECUTIVE CENTER, INC.



Principal Place of Business

~~5 GORENA COURT~~
~~PALM COAST FL 32137~~

Mailing Address

138 PALM COAST PKWY NE BOX 334
PALM COAST FL 32137

40014434



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

4366 W. Ocean Shore Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

4. FEI Number

46-0510709

Applied For

Not Applicable

Zip

32137

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD MERRIAM ADEL ET AL
4 SE BROADWAY
OCALA FL 34471

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME O'REILLY, LAWRENCE P
STREET ADDRESS 138 PALM COAST PKWY NE BX 334
CITY-ST-ZIP PALM COAST FL 32137

TITLE DVT ☐ Delete
NAME MERRIAM, LAUREN E III
STREET ADDRESS 4 SE BROADWAY
CITY-ST-ZIP Ocala FL 34471

TITLE DVS ☐ Delete
NAME DEBENEDICTY, GEORGE S
STREET ADDRESS 4271 W. HWY 50
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

Lauren E Merriam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

Daytime Phone #