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FILED
Feb 16 1998 8:00am
Secretary of State

PROFESSIONAL CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030339 (1)

1. Corporation Name

HAMMOCK RESERVE DEVELOPMENT COMPANY

Principal Place of Business

4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

65-0663601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DIVOSTA, OTTO B
STREET ADDRESS 4500 PGA BLVD. STE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ DELETE

TITLE P
NAME KAIRALLA, ROBERT S
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

TITLE V
NAME SHANNON, WILLIAM E
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BCH GARDENS FL ☐ DELETE

TITLE VST
NAME OWEN, JACK B. J
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BCH GARDENS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SHANNON, WILLIAM E
1.3 STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME GREENE, RICHARD E.
2.3 STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Shannon as Pres.

William E. Shannon as Pres. (561) 627-2112

CR2E034 (10/97)