

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000437

Entity Name: HAMMOCK COMMUNITY CONSERVATION CORPORATION**Current Principal Place of Business:**5788 N. OCEANSHORE BLVD
PALM COAST, FL 32137**Current Mailing Address:**5788 N. OCEANSHORE BLVD.
PALM COAST, FL 32137**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MAMPE, CHERYL A
5788 N. OCEANSHORE BLVD.
PALM COAST, FL 32137 US*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**Officer/Director Detail :**

Title	P
Name	ROMAINE, ABIGAIL
Address	12 NORTHSHORE DRIVE
City-State-Zip:	PALM COAST FL 32137

Title	VP
Name	GUTTMAN, LUKE
Address	61 ROLLINS DR.
City-State-Zip:	PALM COAST FL 32137

Title	S
Name	SWINDERMAN, TODD
Address	54 OCEAN ST.
City-State-Zip:	PALM COAST FL 32137

Title	VP2
Name	NEMRAVA, ALMA
Address	7 NANTUCKET DR.
City-State-Zip:	PALM COAST FL 32137

Title	T
Name	MAMPE, CHERYL A
Address	5788 N. OCEANSHORE BLVD.
City-State-Zip:	PALM COAST FL 32137

Title	VP3
Name	CARELLI, FRANK
Address	10 COTTONWOOD TRAIL
City-State-Zip:	PALM COAST FL 32137

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: CHERYL A. MAMPE**TREASURER****02/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date