


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31088</b> 1. Entity Name <b>HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082 US</b>	Mailing Address <b>P.O. BOX 2055 PONTE VEDRA FL 32004 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3369523</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>EWING, JOHN T 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>WHITE, MARTY</b> STREET ADDRESS <b>6505 BURNHAM CIR</b> CITY - ST - ZIP <b>PONTE VEDRA BEACH FL 32082</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000307277 04/15/05-80049-006 61.25
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>MULVEE, SUZANNE</b> STREET ADDRESS <b>6508 BURNHAM CIRCLE</b> CITY - ST - ZIP <b>PONTE VEDRA BEACH FL 32082</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>STONE, LOUISE</b> STREET ADDRESS <b>6536 BURNHAM CIRCLE</b> CITY - ST - ZIP <b>PONTE VEDRA BEACH FL 32082</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>MERIEM, RANDY</b> STREET ADDRESS <b>6501 BURNHAM CIR</b> CITY - ST - ZIP <b>PONTE VEDRA BEACH FL 32082</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>MCLEAN, JIM</b> STREET ADDRESS <b>6510 BURNHAM CIR</b> CITY - ST - ZIP <b>PONTE VEDRA BEACH FL 32082</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

<b>SIGNATURE:</b> <u>LOUISE STONE</u> <u>LOUISE STONE</u>	Date: <u>4/14/05</u>	Daytime Phone #: <u>904-280-7616</u>
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