

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 24, 2007 8:00 am
Secretary of State

04-25-2007 90178 043 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N31088					
1. Entity Name HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082 US			Mailing Address P.O. BOX 2055 PONTE VEDRA FL 32004 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number 59-3369523		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EWING, JOHN T 200 EXECUTIVE WAY SUITE 111 PONTE VEDRA FL 32082			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WHITE, MARTY 6505 BURNHAM CIR PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SUZANNE MULVEE 6508 BURNHAM CIR. PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MULVEE, SUZANNE 6508 BURNHAM CIRCLE PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	R RUSSELL CLAIRMONT 6554 BURNHAM CIR. PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STONE, LOUISE 6536 BURNHAM CIRCLE PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RICHARD BOWERS 6504 BURNHAM CIR. PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MERIEM, RANDY 6501 BURNHAM CIR PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ELLEN SIMON 6501 BURNHAM CIR. PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCLEAN, JIM 6510 BURNHAM CIR PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.					
SIGNATURE: <u>Suzanne Mulvee</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/15/07</u> Daytime Phone #: <u>904-289-7616</u>	