

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31088

**Entity Name:** HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
SUITE 217  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

130 CORRIDOR RD.  
# 2055  
PONTE VEDRA, FL 32004 US

**FEI Number:** 59-3369523

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EWING, JOHN T  
130 CORRIDOR RD.  
# 2055  
PONTE VEDRA, FL 32004 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 D  
Name FALKENBERG, HERB  
Address 6527 BURNHAM CIR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title S  
Name WESTWOOD, UTE  
Address 6506 BURNHAM CIR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title P  
Name KLINGMAN, GERALD  
Address 6519 BURNHAM CIR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name HANSGEN, DAVE  
Address 6533 BURNHAM CIR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** GERALD KLINGMAN

**PRESIDENT**

**03/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date