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04-22-1999 90166 007 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31088

1. Corporation Name

HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O FOUR SEASONS MGMT
 10036 SAWGRASS DR., #3
 PONTE VEDRA BEACH FL 32082
 US

Mailing Address

C/O FOUR SEASONS MGMT
 P.O. BOX 1159
 PONTE VEDRA BEACH FL 32004-1159
 US



2. Principal Place of Business

21 200 Executive way

Suite, Apt. #, etc.

22 Suite 111

City & State

23 Ponte Vedra, FL

Zip Country

24 32082 25 USA

2a. Mailing Address

26 P.O. Box 2055

Suite, Apt. #, etc.

27

City & State

28 Ponte Vedra, FL

Zip Country

29 32004 30 USA

3. Date Incorporated or Qualified

03/09/1989

4. FEI Number

59-3369523

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MUNCH, DONALD J.
 FOUR SEASONS MGMT.
 10036 SAWGRASS DR., #3
 PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name John T. Ewing
 82 Street Address (P.O. Box Number is Not Acceptable)
200 Executive way
 83 Suite 111
 84 City Ponte Vedra **FL** 85 Zip Code 32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John T. Ewing JOHN T. EWING

4/15/99

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 DELETE
 NAME PD
 BATTISTONI, L
 STREET ADDRESS 6514 BURNHAM CIR.
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE DELETE
 NAME TD
 LABENSKI, ROB
 STREET ADDRESS 6510 BURNHAM CT.
 CITY-ST-ZIP PONTE VEDRA BEACH F

TITLE DELETE
 NAME SD
 ADDERHOLD, LORETTA
 STREET ADDRESS 6507 BURNHAM CT.
 CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

4/20/99

904-285-5317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)