

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31088

1. Entity Name

HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90426 037 ****61.25

Principal Place of Business Mailing Address
 200 EXECUTIVE WAY P.O. BOX 2055
 SUITE 111 PONTE VEDRA FL 32004-2055
 PONTE VEDRA FL 32082 US
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3369523** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EWING, JOHN T
 200 EXECUTIVE WAY
 SUITE 111
 PONTE VEDRA FL 32082

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BATTISTONI, L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6514 BURNHAM CIR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE NAME	ID LABENSKI, ROB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6510 BURNHAM CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH F	
TITLE NAME	SD ADDERHOLD, LORETTA	<input type="checkbox"/> Delete
STREET ADDRESS	6507 BURNHAM CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Peter Donnelly	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6561 Commadore Dr.	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE NAME	TD Loretta Adderhold	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6507 Burnham Circle	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE NAME	D Suzanne Mulvee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6508 Burnham Circle	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE NAME	D Louise Stone	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6536 Burnham Circle	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Peter Donnelly PRES. 4/24/00 904-280-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)