


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90123 024 ****61.25

DOCUMENT # N31088
 1. Entity Name
HAMMOCK COVE HOMEOWNERS' ASSOCIATION, INC.



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


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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3369523** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

MOORE CR2E037 (11/03)



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 _____ 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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, MARTY	
STREET ADDRESS	6505 BURNHAM CIR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EWING, JOHN	
STREET ADDRESS	9656 OXER RUN DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULVEE, SUZANNE	
STREET ADDRESS	6508 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, LOUISE	
STREET ADDRESS	6536 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY MERTENS	
STREET ADDRESS	6501 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIM McLEAN	
STREET ADDRESS	6510 BURNHAM CIRCLE	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	

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: *Marty White* **MARTY WHITE** **4/15/04** **904-280-7616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #