

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

**Current Principal Place of Business:**

13350 W COLONIAL DR STE 330  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 783367  
WINTER GARDEN, FL 34778

**New Mailing Address:**

FEI Number: 59-2983444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLOMON, SPENCER  
13350 W COLONIAL DR STE 330  
WINTER GARDEN, FL 34787 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCKEE, ROB  
Address: 1019 SHADY MAPLE  
City-St-Zip: OCOEE, FL 34761

Title: TD  
Name: CARPENTER, BETH  
Address: 1018 SHADY MAPLE CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: VPD  
Name: KIRK, CHUCK  
Address: 1009 BLU SPRUCE DR  
City-St-Zip: OCOEE, FL 34761

Title: D  
Name: REYNOLDS, RENEE  
Address: 853 HAMMOCKS DR  
City-St-Zip: OCOEE, FL 34734

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: SPENCER SOLOMON

RA

02/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date