#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003588

Entity Name: OAK HAMMOCK ASSOCIATION, INC.

**FILED** Apr 09, 2024 **Secretary of State** 2662501603CC

## **Current Principal Place of Business:**

4622 LINKS VILLAGE DRIVE PONCE INLET. FL 32127

### **Current Mailing Address:**

4622 LINKS VILLAGE DRIVE PONCE INLET. FL 32127

FEI Number: 74-3046235 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BAUMANN, KARLA 391 S. TIMBERLANE DRIVE NEW SYMRNA BEACH, FL 32168 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 **PRESIDENT** Title VICE PRESIDENT ELDER, DAVID Name BARANOWSKI, FRANK Name 4622 LINKS VILLAGE DRIVE Address 4622 LINKS VILLAGE DRIVE Address

City-State-Zip: PONCE INLET FL 32127 PONCE INLET FL 32127 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name DYALL, JOHN Name CRONIN, BARBARA

Address 4622 LINKS VILLAGE DRIVE Address 4622 LINKS VILLAGE DRIVE PONCE INLET FL 32127 City-State-Zip: City-State-Zip: PONCE INLET FL 32127

ASST. SECRETARY Title Name BAUMANN, KARLA 391 S. TIMBERLANE DR. Address

NEW SMYRNA BEACH FL 32168 City-State-Zip:

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.

04/09/2024 SIGNATURE: KARLA BAUMANN ASST. SECREARY

Electronic Signature of Signing Officer/Director Detail

Date