

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003588

**Entity Name:** OAK HAMMOCK ASSOCIATION, INC.

**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  
Name            BARDASH, THOMAS  
Address        4622 LINKS VILLAGE DRIVE  
City-State-Zip: PONCE INLET FL 32127

Title            VP, DIRECTOR  
Name            CRONIN, BARBARA  
Address        4622 LINKS VILLAGE DRIVE  
City-State-Zip: PONCE INLET FL 32127

Title            TREASURER, DIRECTOR  
Name            GREEN, GREG  
Address        4622 LINKS VILLAGE DRIVE  
City-State-Zip: PONCE INLET FL 32127

Title            SECRETARY, DIRECTOR  
Name            SUTTER, KEN  
Address        4622 LINKS VILLAGE DRIVE  
City-State-Zip: PONCE INLET FL 32127

Title            ASST. SECRETARY  
Name            BAUMANN, KARLA  
Address        4622 LINKS VILLAGE DRIVE  
City-State-Zip: PONCE INLET FL 32127

*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: KARLA BAUMANN**

**ASST SECRETARY**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date