

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002509

Entity Name: OAK HAMMOCK AT THE BROOKS CONDOMINIUM
ASSOCIATION, INC.**FILED**
Jan 05, 2021
Secretary of State
4860018527CC**Current Principal Place of Business:**2685 HORSESHOE DRIVE SOUTH
SUITE 215
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DRIVE SOUTH
SUITE 215
NAPLES, FL 34104 US**FEI Number: 03-0512659****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
NAPLES, FL 34104 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: ROBERT ROSENOW****01/05/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	OCONNOR, GERALD
Address	2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	ROTHERNBERG, LARRY
Address	2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DS
Name	PLUNKETT, JEANNE
Address	2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	JONES, LARRY
Address	2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	D
Name	ANTONELLI, CAROL
Address	2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

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: LARRY ROTHERNBERG**PRESIDENT****01/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date