2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002509

Entity Name: OAK HAMMOCK AT THE BROOKS CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD STE 101

FORT MYERS, FL 33912

Current Mailing Address:

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD STE 101 FORT MYERS, FL 33912 US

FEI Number: 03-0512659 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD STE 101 FORT MYERS, FL 33912 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name WRIGHT, T J Name PORTER, MARVIN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD STE 13461 PARKER COMMONS BLVD STE

FORT MYERS FL 33912 FORT MYERS FL 33912 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER**

Name BLAICHER, TIM Name PARADIS, DAVID C

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD STE 13461 PARKER COMMONS BLVD STE 101 101

FORT MYERS FL 33912 FORT MYERS FL 33912 City-State-Zip: City-State-Zip:

Title ASST. TREASURER Title DIRECTOR

KORFHAGE, GLENN LUBOW, LAWRENCE Name Name

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address

13461 PARKER COMMONS BLVD STE 13461 PARKER COMMONS BLVD STE

101

FORT MYERS FL 33912

FORT MYERS FL 33912 City-State-Zip:

Title DIRECTOR

City-State-Zip:

HINIKER, GARY E Name

Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD STE

101

City-State-Zip: FORT MYERS FL 33912

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.

04/18/2013 SIGNATURE: T J WRIGHT **PRESIDENT**

FILED Apr 18, 2013 **Secretary of State** CC7549322140