

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004612

Entity Name: HAMMOCK PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DIVOSTA HOMES, L.P
24311 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS, FL 34134

Current Mailing Address:

C/O DIVOSTA HOMES, L.P
24311 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS, FL 34134

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GANT, CASEY
C/O DIVOSTA HOMES, L.P
24311 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS, FL 34134 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 GANT, CASEY
Address C/O DIVOSTA HOMES, L.P
 24311 WALDEN CENTER DRIVE,
 SUITE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY
Name GONZALEZ, FELIPE
Address C/O DIVOSTA HOMES, L.P
 24311 WALDEN CENTER DRIVE,
 SUITE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name BROOKS, SCOTT
Address C/O DIVOSTA HOMES, L.P
 24311 WALDEN CENTER DRIVE,
 SUITE 300
City-State-Zip: BONITA SPRINGS FL 34134

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: GANT , CASEY

PRESIDENT

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date