

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011620

**Entity Name:** FOX LAKE HAMMOCK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET, SUITE 300  
KISSIMMEE, FL 34744

**Current Mailing Address:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET, SUITE 300  
KISSIMMEE, FL 34744

**FEI Number:** 87-3896620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARTEMIS LIFESTYLE SERVICE, INC.  
1631 E. VINE STREET, SUITE 300  
KISSIMMEE, FL 34744 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 PD  
Name SPRINKEL, CLARK  
Address 1631 EAST VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744  
  
Title SECRETARY, TREASURER  
Name WERLING, BRIAN  
Address 1631 EAST VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34774

Title VPD  
Name PECK, GREG  
Address 1631 EAST VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

*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:** CLARK SPRINKEL

**PRESIDENT**

**04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date