ORLANDO, FL	32839			
Current Mai	ling Address:			
	NIA BLVD STE 515 FL 32839 US			
FEI Number: 59-2983444			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS, INC. 4700 MILLENIA BLVD STE 515 ORLANDO, FL 32839 US				
	32000 00			
ORLANDO, FL	l entity submits this statement for the purpose of changing its regis	tered office or regis	ered agent, or both, in the State of Flo	orida.
ORLANDO, FL		tered office or regis	ered agent, or both, in the State of Flo	orida. 04/29/2020
ORLANDO, FL	l entity submits this statement for the purpose of changing its regis	tered office or regis	ered agent, or both, in the State of Flo	
ORLANDO, FL	entity submits this statement for the purpose of changing its regis ASSOCIA Electronic Signature of Registered Agent	tered office or regis	ered agent, or both, in the State of Flo	04/29/2020
ORLANDO, FL The above named SIGNATURE	entity submits this statement for the purpose of changing its regis ASSOCIA Electronic Signature of Registered Agent	tered office or regist	ered agent, or both, in the State of Flo	04/29/2020
ORLANDO, FL The above named SIGNATURE Officer/Direc	entity submits this statement for the purpose of changing its regis ASSOCIA Electronic Signature of Registered Agent Ctor Detail :			04/29/2020
ORLANDO, FL The above named SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its regis ASSOCIA Electronic Signature of Registered Agent Ctor Detail : DIRECTOR 1	Title	SECRETARY/TREASURER	04/29/2020

Title

Name

Address

City-State-Zip:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

Entity Name: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD STE 515

Title

Name

Address

City-State-Zip:

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: PATRICK HANDLEY

PRESIDENT

SUITE 515

HANDLEY, PATRICK

4700 MILLENIA BLVD

ORLANDO FL 32839

PRESIDENT

DIRECTOR 2

SUITE 515

FERNANDEZ, HERIBERTO

4700 MILLENIA BLVD

ORLANDO FL 32839

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04/29/2020
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Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2020 Secretary of State 6533082396CC