

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

Entity Name: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**FILED**
Apr 20, 2023
Secretary of State
2895584287CC**Current Principal Place of Business:**4201 VINELAND ROAD
SUITE I-2
ORLANDO, FL 32811**Current Mailing Address:**12906 TAMPA OAKS BLVD
SUITE 100
TEMPLE TERRACE, FL 33637 US**FEI Number: 59-2983444****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOMERIVER GROUP
12906 TAMPA OAKS BLVD
SUITE 100
TEMPLE TERRACE, FL 33637 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: BRAD VAN ROOYEN****04/20/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name MOULTON, MATTHEW
Address 4201 VINELAND ROAD
SUITE I-2
City-State-Zip: ORLANDO FL 32811**Title** SECRETARY
Name ARAGON, APRIL
Address 4201 VINELAND ROAD
SUITE I-2
City-State-Zip: ORLANDO FL 32811**Title** PRESIDENT
Name WALSHE, KELLEEE
Address 4201 VINELAND ROAD
SUITE I-2
City-State-Zip: ORLANDO FL 32811**Title** VP
Name COLVIN, KIRK
Address 4201 VINELAND ROAD
SUITE I-2
City-State-Zip: ORLANDO FL 32811**Title** TREASURER
Name HILL, GRADY
Address 4201 VINELAND ROAD
SUITE I-2
City-State-Zip: ORLANDO FL 32811

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: KELLEEE WALSHE**PRESIDENT****04/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date