DOCUMENT# N32917		

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## Current Principal Place of Business:

13350 W COLONIAL DRIVE SUITE 330 WINTER GARDEN, FL 34787

## **Current Mailing Address:**

PO BOX 783367 WINTER GARDEN, FL 34778

## FEI Number: 59-2983444

### Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT 13350 W COLONIAL DRIVE SUITE 330 WINTER GARDEN, FL 34787 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

# Officer/Director Detail :

	Title	SECRETARY	Title	PRESIDENT		
	Name	BRANOM, RICK	Name	MCKEY, ROB		
	Address	PO BOX 783367	Address	PO BOX 783367		
	City-State-Zip:	WINTER GARDEN FL 34778	City-State-Zip:	WINTER GARDEN FL 34778		
	Title	VP	Title	DIRECTOR		
	Name	WILSEN, FRED	Name	HICKS, JACQUELINE		
	Address	PO BOX 783367	Address	PO BOX 783367		
	City-State-Zip:	WINTER GARDEN FL 34778	City-State-Zip:	WINTER GARDEN FL 34778		
	Title	TREASURER				
	Name	KIRK, CHARLES				
	Address	PO BOX 783367				

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.

PRESIDENT

## SIGNATURE: ROB MCKEY

City-State-Zip: WINTER GARDEN FL 34778

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 29, 2015 Secretary of State CC0468559419

Certificate of Status Desired: No

Date

04/29/2015

Date