

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32917

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

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0468559419**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name BRANOM, RICK  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title PRESIDENT  
Name MCKEY, ROB  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title VP  
Name WILSEN, FRED  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR  
Name HICKS, JACQUELINE  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title TREASURER  
Name KIRK, CHARLES  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

*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: ROB MCKEY**

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date