

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32917

**Entity Name:** THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**FILED**  
**Apr 19, 2021**  
**Secretary of State**  
**4357739252CC****Current Principal Place of Business:**4700 MILLENIA BLVD STE 515  
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD STE 515  
ORLANDO, 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*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:** ASSOCIA**04/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR 1	Title	SECRETARY/TREASURER
Name	JONES HICKS, JACQUELINE	Name	MCKEY, ROB
Address	4700 MILLENIA BLVD SUITE 515	Address	4700 MILLENIA BLVD SUITE 515
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839
Title	PRESIDENT	Title	DIRECTOR 2
Name	HANDLEY, PATRICK	Name	FERNANDEZ, HERIBERTO
Address	4700 MILLENIA BLVD SUITE 515	Address	4700 MILLENIA BLVD SUITE 515
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839
Title	VP		
Name	WALSHE, KELLE		
Address	4700 MILLENIA BLVD STE 515		
City-State-Zip:	ORLANDO FL 32839		

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****04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date