

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32917

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

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**4028231945CC**

**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

**04/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR 1  
Name JONES HICKS, JACQUELINE  
Address 4700 MILLENIA BLVD  
SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title SECRETARY/TREASURER  
Name MCKEY, ROB  
Address 4700 MILLENIA BLVD  
SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title PRESIDENT  
Name HANDLEY, PATRICK  
Address 4700 MILLENIA BLVD  
SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR 2  
Name FERNANDEZ, HERIBERTO  
Address 4700 MILLENIA BLVD  
SUITE 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**

**04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date