

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

Entity Name: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**FILED**
Mar 09, 2018
Secretary of State
CC2106648787**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

03/09/2018

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	WALSHE, KELLE
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

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date