

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39020

**FILED**  
**Feb 04, 2018**  
**Secretary of State**  
**CC0067771022**

**Entity Name:** HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MELISSA SUMMERSILL  
5884 DRAGOON DRIVE  
FORT DENAUD, FL 33935

**Current Mailing Address:**

MELISSA SUMMERSILL  
5884 DRAGOON DRIVE  
FORT DENAUD, FL 33935 US

**FEI Number:** 65-0253765

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUMMERSILL, MELISSA  
5884 DRAGOON DRIVE  
FORT DENAUD, FL 33935 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:** MARTHA A COWEN

02/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SWITZER, WAYNE PD  
Address 5761 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name COWEN, JOHN RD  
Address 5878 DRAGOON DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name COOPER, JAMES D  
Address 5751 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title DIRECTOR  
Name LAVIGNE, BRADLEY S  
Address 5753 HIDDEN HAMMOCK  
City-State-Zip: FORT DENAUD FL 33935

Title T  
Name SUMMERSILL, MELISSA  
Address 5884 DRAGOON DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title S  
Name SWITZER, FRAN  
Address 5761 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title V  
Name BLAKE, WILLIAM E.  
Address 5765 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name MENKES, ALEX  
Address PO BOX 32  
City-State-Zip: FORT MYERS BEACH FL 33931

**Continues on page 2**

*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:** MELISSA SUMMERSILL

**TREASURER**

02/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            D  
Name            SUMMERSILL, JEFFERY  
Address        5884 DRAGOON DRIVE  
City-State-Zip: FORT DENAUD FL 33935