

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40108

**Entity Name:** THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**0231694391CC****Current Principal Place of Business:**335 HAMMOCK DRIVE  
PALM HARBOR, FL 34683**Current Mailing Address:**P.O. BOX 1694  
PALM HARBOR, FL 34682 US**FEI Number: 59-3015403****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ECKLER, JENNIFER S  
335 HAMMOCK DRIVE  
PALM HARBOR, FL 34683 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:** JENNIFER S ECKLER

01/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	ECKLER, JENNIFER S
Address	335 HAMMOCK DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	PRANTNER, JIL
Address	404 HAMMOCK DR.
City-State-Zip:	PALM HARBOR FL 34683

Title	PRESIDENT
Name	OPEN , POSITION
Address	TBD
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	POROPAT, CARLA
Address	401 HAMMOCK DRIVE
City-State-Zip:	PALM HARBOR FL 34683

*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:** JENNIFER S ECKLER**TREASURER**

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date