

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40108

**Entity Name:** THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC5336918740**

**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**

**01/10/2015**

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           FARQUHAR, DEBRA  
Address        294 FOXCROFT DR. E  
City-State-Zip: PALM HARBOR FL 34683

Title           PRESIDENT  
Name           SKAPIK, TERRI  
Address        491 HAMMOCK DR  
City-State-Zip: PALM HARBOR FL 34683

Title           SECRETARY  
Name           KUZEL, DANETTE  
Address        515 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**

**01/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date