

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003498

Entity Name: HAMMOCK TRACE DISTRICT ASSOCIATION, INC.**Current Principal Place of Business:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955**Current Mailing Address:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US**FEI Number:** 59-3199602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GWIAZDA, PETER
Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	VPD
Name	PETTEYS, FARRON
Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	SECRETARY/ TREASURER
Name	RYSZTOGI, RON
Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIR
Name	LUCKERN, TOM
Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIR
Name	GIES, DAWN
Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955

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: GWIAZDA , PETER**PRESIDENT****04/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date