## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003498

Entity Name: HAMMOCK TRACE DISTRICT ASSOCIATION, INC.

**FILED** Apr 21, 2020 **Secretary of State** 1801942652CC

## **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:

City-State-Zip:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VPD

Name GWIAZDA, PETER Name PETTEYS, FARRON 7145 TURNER ROAD 7145 TURNER ROAD Address Address

SUITE 101 SUITE 101

ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY/ TREASURER Title DIR

Name RYSZTOGI, RON Name LUCKERN, TOM Address 7145 TURNER ROAD Address 7145 TURNER ROAD

SUITE 101 SUITE 101

ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

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GIES, DAWN Name

7145 TURNER ROAD Address

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 Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/21/2020