

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

DOCUMENT# N95000000129

**Entity Name:** THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 09, 2015**  
**Secretary of State**  
**CC3175816266**

**Current Principal Place of Business:**

21442 KEATING WAY  
LUTZ, FL 33549

**Current Mailing Address:**

PO BOX 633  
LUTZ, FL 33548

**FEI Number: 59-3313725**

**Certificate of Status Desired: No**

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

HOFMANN, JOHN J  
21442 KEATING WAY  
LUTZ, FL 33549 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:** JOHN J HOFMANN

02/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DVP	Title	D, PRESIDENT
Name	LAST, CARL	Name	HOFMANN, JOHN J
Address	21452 KEATING WAY	Address	21442 KEATING WAY
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	LUTZ FL 33549
Title	D, SECRETARY	Title	D, TEASURER
Name	SWITZER, LOUISE	Name	MILLER, CARL J
Address	21422 KEATING WAY	Address	21441 KEATING WAY
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	LUTZ FL 33549
Title	DIRECTOR, AT LARGE		
Name	ESHelman, NATHAN		
Address	21410 KEATING WAY		
City-State-Zip:	LUTZ FL 33549		

*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:** JOHN HOFMANN

**PRESIDENT**

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date