

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002903

**Entity Name:** HAMMOCK OAKS COMMERCIAL PLAZA OWNER'S ASSOCIATION, INC.**FILED**  
**Apr 01, 2023**  
**Secretary of State**  
**5140129428CC****Current Principal Place of Business:**561 E. MITCHELL HAMMOCK RD.  
100  
OVIEDO, FL 32765**Current Mailing Address:**PO BOX 621046  
OVIEDO, FL 32762-1046 US**FEI Number: 59-3444468****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FRANZ, FREDERICK W  
653 EVENING SKY DR  
OVIEDO, FL 32765 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	PD
Name	FRANZ, FREDERICK W
Address	653 EVENING SKY DR
City-State-Zip:	OVIEDO FL 32765

Title	SD
Name	FRANZ, KATHY L
Address	653 EVENING SKY DR
City-State-Zip:	OVIEDO FL 32765

Title	VD
Name	WHITTMAN, DEAN DR.
Address	521 E MITCHELL HAMMOCK RD 1001
City-State-Zip:	OVIEDO FL 32765

Title	VD
Name	PERRY, RICK
Address	501 E MITCHELL HAMMOCK RD
City-State-Zip:	OVIEDO FL 32765

Title	VD
Name	LOUCKS, WILLIAM
Address	3504 LAKE LYNDALY # 325
City-State-Zip:	ORLANDO FL 32817

*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: FREDERICK W FRANZ****PD****04/01/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date