

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

DOCUMENT# N97000006912

**Entity Name:** HAMMOCKS ASSOCIATION, INC.

**Current Principal Place of Business:**

1629 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

1629 E BROWARD BLVD  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 90-0615333

**Certificate of Status Desired:** No

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

FINEBERG, ESTELLE  
1629 E. BROWARD BLVD  
FT. LAUDERDALE, FL 33301 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:** ESTELLE FINEBERG

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ELFMAN, HOWARD  
Address 1631 E. BROWARD BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33301

Title VPD  
Name FINEBERG, ESTELLE  
Address 1629 E. BROWARD BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33301

Title STD  
Name BROWN, CYNTHIA  
Address 1627 E. BROWARD BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ESTELLE FINEBERG

TREASURER

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date