

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010019

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** OAK HAMMOCK OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

950 ENCORE WAY  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

950 ENCORE WAY  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 20-1947675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLSKI, JOHN R  
950 ENCORE WAY  
NAPLES, FL 34110 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURRAY, ROBERT L  
Address: 6200 WHISKEY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: VD  
Name: STEVENS, MARK  
Address: 6208 WHISKEY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: STD  
Name: WOLSKI, JOHN R  
Address: 950 ENCORE WAY  
City-St-Zip: NAPLES, FL 34110

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 R WOLSKI

STD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date