2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# N18247

Entity Name: THE HOMEOWNERS ASSOCIATION OF THE HAMMOCKS, INC.

Current Principal Place of Business:

1020 MADELINE AVENUE
PORT ORANGE, FL 32119

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIC SHORES MGT
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2843057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSKAMP, MARK
3511 S PENINSULA DR
PORT ORANGE, FL 32127 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: P
Name: SULLIVAN, LINDA
Address: 1601 DEER SPRINGS ROAD
City-St-Zip: PORT ORANGE, FL 32129

Title: S
Name: DOVI, RACHEL
Address: 1602 DEER SPRINGS RD
City-St-Zip: PORT ORANGE, FL 32129

Title: VP
Name: HOVEY, BETTY
Address: 1020 MADELINE #1201
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: GRAZIANO, JUDY
Address: 1020 MADELINE AVE. #1307
City-St-Zip: DAYTONA BEACH, FL 32129

Title: T
Name: SANFORD, PATRICIA
Address: 1020 MADELINE AVE. #8E
City-St-Zip: PORT ORANGE, FL 32129

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: LINDA SULLIVAN PRES 03/20/2012

Electronic Signature of Signing Officer or Director Date