

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

DOCUMENT# 748319

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC6738397424**

**Entity Name:** THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRSSERICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number: 59-2424474**

**Certificate of Status Desired: No**

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

STEVEN LEVINE, JAY PA  
2500 N MILITARY TRL STE 285  
BOCA RATON, FL 33431 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            TRES  
Name            LEONARD, PATRICK M  
Address        22316 SW 587TH CIR  
City-State-Zip: BOCA RATON FL 33428

Title            SEC  
Name            STEVENS, LORRI  
Address        22368 SW 57TH CIR  
City-State-Zip: BOCA RATON FL 33428

Title            PD  
Name            WHITE, BONNIE  
Address        22362 SW 57TH CIR  
City-State-Zip: BOCA RATON FL 33428

*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: BONNIE WHITE**

**PRESIDENT**

**03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date