

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004263

Entity Name: THE HAMMOCKS AT MINORCA OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2600 NORTH PENNISULA DRIVE
NEW SMYRNA BCH, FL 32169**Current Mailing Address:**2600 NORTH PENNISULA DRIVE
NEW SMYRNA BCH, FL 32169**FEI Number: 14-1874302****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARLA, BAUMANN
391 S. TIMBERLANE DRIVE
NEW SMYRNA BEACH, FL 32168 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 PRESIDENT
Name CORNELIUS, MIKE
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TREASURER
Name SMOLINSKI, JIM
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BCH FL 32169

Title DIRECTOR
Name CURLEY, GWEN
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BCH FL 32169

Title VICE PRESIDENT
Name FRANKHOUSER, JOHN
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BCH FL 32169

Title SECRETARY
Name BAUMANN, KARLA
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BCH FL 32169

Title DIRECTOR
Name LEBIODA, VIRGINIA
Address 2600 NORTH PENNISULA DRIVE
City-State-Zip: NEW SMYRNA BCH FL 32169

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: KARLA BAUMANN**ASSOCIATION MANAGER 02/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date