

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

DOCUMENT# N03000000704

**Entity Name:** HAMMOCK MOORINGS NORTH HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC3828134781**

**Current Principal Place of Business:**

14201 RR 12  
SUITE 6  
WIMBERLEY, TX 78676

**Current Mailing Address:**

P.O. BOX 2787  
WIMBERLEY, TX 78676

**FEI Number: 20-1394327**

**Certificate of Status Desired: Yes**

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

SMITH HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 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 P  
Name FORISTER, WAYNE  
Address 28846 KALKALLO DRIVE  
City-State-Zip: FAIR OAKS RANCH TX 78015

Title D  
Name FORISTER, TRIGG  
Address P.O. BOX 2787  
City-State-Zip: WIMBERLEY TX 78676

Title S  
Name SCHUMANN, EDITH L  
Address P.O. BOX 2787  
City-State-Zip: WIMBERLEY TX 78676

*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: WAYNE FORISTER**

**PRESIDENT/DIRECTOR**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date