

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008697

Entity Name: HAMMOCK FALLS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**551 S. COMMERCE AVE.
SEBRING, FL 33870**Current Mailing Address:**551 S. COMMERCE AVE.
SEBRING, FL 33870 US**FEI Number:** 20-1590306**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIG, BRANDON S ESQ.
551 S. COMMERCE AVE.
SEBRING, FL 33870 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:** BRANDON S. CRAIG

03/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MABE, JAMES
Address 3037 LOST BALL DRIVE
City-State-Zip: SEBRING FL 33872

Title DST
Name ABLES, CLIFFORD M III
Address 3033 LOST BALL DRIVE
City-State-Zip: SEBRING FL 33872

Title VP, DIRECTOR
Name WYMAN, BRUCE
Address 2937 GOLF HAMMOCK DRIVE
City-State-Zip: SEBRING FL 33872

Title P
Name SCHROEDER, ROBERT D
Address 4107 BOGEY BLVD
City-State-Zip: SEBRING FL 33872

Title DIRECTOR
Name SELANDER, SHARON
Address 3029 LOST BALL DRIVE
City-State-Zip: SEBRING FL 33872

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: CLIFFORD M. ABLES, III

DST

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date