

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000437

Entity Name: THE HAMMOCK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**54 OCEAN ST.
PALM COAST, FL 32137**Current Mailing Address:**PO BOX 353265
PALM COAST, FL 32137-3265 US**FEI Number: 81-1200192****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWINDERMAN, ROBERT TODD
54 OCEAN ST.
PALM COAST, FL 32137 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:** ROBERT T SWINDERMAN

04/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name SWINDERMAN, TODD
Address 54 OCEAN ST.
City-State-Zip: PALM COAST FL 32137

Title VP
Name JAN, SULLIVAN
Address 35 NANTUCKET DR.
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name CLARK, DENNIS
Address 5784 N. OCEANSHORE BLVD.
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name ROSEWATER, LYNNE
Address 200 OCEAN CREST DRIVE
815
City-State-Zip: PALM COAST FL 32137

Title T
Name SKAFF, JOYCE
Address 5648 N. OCEANSHORE BLVD
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name BOLLINGER, JODY
Address 5648 N. OCEANSHORE BLVD.
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name JORDEN, CARL
Address 5572 N. OCEANSHORE BLVD
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name WHITE, ED K
Address 27 OCEAN ST.
City-State-Zip: PALM COAST FL 32137

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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: TODD SWINDERMAN**SECRETARY**

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JORDEN, CARL K
Address 5572 N. OCEANSHORE BLVD.
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name GROOM, LEAH K
Address 98 SANCHEZ AVE
City-State-Zip: PALM COAST FL 32137