

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009252

Entity Name: THE HAMMOCKS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**8660 AMBERJACK CIRCLE
ENGLEWOOD, FL 34224**Current Mailing Address:**8660 AMBERJACK CIRCLE
ENGLEWOOD, FL 34224 US**FEI Number:** 45-0542224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT ROAD
SUITE 118A
SARASOTA, FL 34231 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	MAYSACK, DEBBIE
Address	8660 AMBERJACK CIRCLE
City-State-Zip:	ENGLEWOOD FL 34224

Title	TREASURER
Name	CONLON, CRAIG
Address	8660 AMBERJACK CIRCLE
City-State-Zip:	ENGLEWOOD FL 34224

Title	VP
Name	BERNSTEIN, CAROLYN
Address	8660 AMBERJACK CIRCLE
City-State-Zip:	ENGLEWOOD FL 34224

Title	SECRETARY
Name	ATKINS, MARTIN
Address	8660 AMBERJACK CIRCLE
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	KERR, LINDA
Address	8660 AMBERJACK CIRCLE
City-State-Zip:	ENGLEWOOD FL 34224

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: DEBBIE MAYSACK

PRES

04/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date