## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002589

Entity Name: HAMMOCK MOORINGS SOUTH, INCORPORATED.

FILED
Mar 13, 2024
Secretary of State
4869472980CC

## **Current Principal Place of Business:**

3462 NORTH OCEAN SHORE BLVD. FLAGLER BEACH. FL 32136

## **Current Mailing Address:**

3462 NORTH OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136 US

FEI Number: 20-1394360 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

RITTER, ROBERT HAROLD PHD 3462 NORTH OCEAN SHORE BLVD FLAGLER BEACH, FL 32136 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 HAROLD RITTER 03/13/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name RITTER, ROBERT HAROLD LOT 2 Name REIS, PAUL/MARCIA LOT 6

Address 3462 NORTH OCEAN SHORE BLVD Address 53 ARLENE DRIVE

City-State-Zip: FLAGLER BEACH FL 32136 City-State-Zip: WEST LONG BRANCH NJ 07764

Title DIRECTOR Title SECRETARY

Name PAPPAS, CHRISTOS/SOULA LOT 8 Name CRISTELLO, CHARLES/JULIA, LOT 3
Address P.O. BOX 1946 Address 3458 NORTH OCEAN SHORE BLVD

City-State-Zip: NEW SMYRNA BEACH FL 32170 City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR Title DIRECTOR

Name PATIRY, STEVE/KIM LOT 4 Name DOHERTY, MICHAEL/HEATHER LOT 5

Address 3454 NORTH OCEAN SHORE BLVD Address 3450 NORTH OCEAN SHORE BLVD

City-State-Zip: FLAGLER BEACH FL 32136 City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR Title DIRECTOR

Name PETERS, KEVIN/RENEE LOT 1 Name LAVELLE, TOM/DIANE LOT 7

Address 3677 WEXFORD HOLLOW RD, E. Address 4181 TRADEWINDS DRIVE

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32250

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: ROBERT HAROLD RITTER PRESIDENT 03/13/2024

Date