

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004679

**Entity Name:** THE HAMMOCKS OF WESTLAKE HOMEOWNERS  
ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 WEST SAMPLE ROAD, SUITE 200  
COCONUT CREEK, FL 33073-3450

**Current Mailing Address:**

4400 WEST SAMPLE ROAD, SUITE 200  
COCONUT CREEK, FL 33073-3450 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MINTO COMMUNITIES, LLC  
ATTN: JOHN CARTER  
4400 WEST SAMPLE ROAD, SUITE 200  
COCONUT CREEK, FL 33073-3450 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 PD  
Name CARTER, JOHN  
Address 4400 WEST SAMPLE ROAD, SUITE  
200  
City-State-Zip: COCONUT CREEK FL 33073-3450

Title VP  
Name BENNETT, NELSON  
Address 4400 WEST SAMPLE ROAD, SUITE  
200  
City-State-Zip: COCONUT CREEK FL 33073-3450

Title SECRETARY, TREASURER  
Name GEVERS, LEOLANI  
Address 4400 WEST SAMPLE ROAD, SUITE  
200  
City-State-Zip: COCONUT CREEK FL 33073-3450

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:** LEOLANI GEVERS

**SECRETARY**

**04/09/2019**

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

\_\_\_\_\_  
Date