

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37548

Entity Name: COLEE HAMMOCK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1109 SE 4 ST
FORT LAUDERDALE, FL 33301**Current Mailing Address:**POST OFFICE BOX 2423
FORT LAUDERDALE, FL 33301 US**FEI Number:** 65-0188810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, MOLLY J
1620 SE 2ND STREET
FORT LAUDERDALE, FL 33301 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:** MOLLY J. TAYLOR

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name JAMES, BRADY VP
Address 224 SE 17TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33301

Title D
Name CAPP, GAIL
Address 1719 E LAS OLAS BLVD STE 10
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name BRASTED, RAY
Address 1405 SE 1ST STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name FLANAGAN, DENISE
Address 201 S VICTORIA PARK ROAD
City-State-Zip: FORT LAUDERDALE FL 33301

Title SD
Name TAYLOR, MOLLY
Address 1620 SE 2ND STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title D
Name LIVEK, ROBIN
Address 1519 SE 2ND STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title PRESIDENT
Name JORDAN, GERALD
Address 1109 SE 4TH STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name THOMAS, SUSAN
Address 1621 SE 2 COURT
City-State-Zip: FORT LAUDERDAL FL 33301

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: MOLLY TAYLOR**SECRETARY/TREASURER** 03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date