

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38849

Entity Name: ISLAND HAMMOCK HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**328 REDWING LANE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**P. O. BOX 840217
SAINT AUGUSTINE, FL 32080**FEI Number:** 59-3018981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AULICINO, MICHAEL
328 REDWING LANE
SAINT AUGUSTINE, FL 32080 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	DP
Name	LASSITER, CHARLES
Address	320 REDWING LANE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	TREASURER
Name	AVERY, GERRY
Address	341 REDWING LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	SCHMALKUCHE, FRED
Address	112 ISLAND HAMMOCK WAY
City-State-Zip:	ST AUGUSTINE FL 32080

Title	SECRETARY
Name	JIM, FORD
Address	429 NGHTHAWK LANE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DVP - ARB
Name	ALLMAN, ELAINE
Address	120 ISLAND HAMMOCK WAY
City-State-Zip:	ST AUGUSTINE FL 32080

Title	AMGR
Name	AULICINO, MICHAEL
Address	328 REDWING LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: MICHAEL AULICINO**ASSIST. MGR.****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date