

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005356

**Entity Name:** HAMMOCKS AT RIVERGLEN HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**0837518108CC****Current Principal Place of Business:**C/O FYVE PROPERTY MANAGEMENT  
5100 W. COPANS RD SUITE 100  
MARGATE, FL 33063**Current Mailing Address:**C/O FYVE PROPERTY MANAGEMENT  
5100 W. COPANS RD SUITE 100  
MARGATE, FL 33063 US**FEI Number: 90-0454587****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GLAZER & ASSOCIATES  
3113 STIRLING RD  
STE 201  
FT. LAUDERDALE, FL 33312 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: ERIC GLAZER****04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	MEHROTRA, SACHIN
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	CORDOBA, SILVESTRE
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	PRESIDENT
Name	RIVAS, MELISSA
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	OLIVEIRA, LUCY
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	TOLOMELLI, FERNANDO
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	VILLA, TRACI
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	OSTERMAN, JARED
Address	C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 100
City-State-Zip:	MARGATE FL 33063

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: MELISSA RIVAS****PRESIDENT****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date