

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

DOCUMENT# N97000005321

**Entity Name:** HAMMOCK GREENS AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**4680512643CC**

**Current Principal Place of Business:**

20800 HAMMOCK GREENS LANE  
ESTERO, FL 33928

**Current Mailing Address:**

C/O CAMBRIDGE MANAGEMENT OF SW FL INC  
9001 HIGHLAND WOODS BLVD #2  
BONITA SPRINGS, FL 34135 US

**FEI Number: 59-3468998**

**Certificate of Status Desired: No**

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

CAMBRIDGE MANAGEMENT  
C/O CAMBRIDGE MANAGEMENT OF SW FL INC  
9001 HIGHLAND WOODS BLVD #2  
BONITA SPRINGS, FL 34135 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: AUTUMN HILES**

**04/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP/ SECRETARY  
Name PAJOR, WENDY  
Address C/O CAMBRIDGE MANAGEMENT OF SW FL INC  
9001 HIGHLAND WOODS BLVD #2  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name HELBERG, JON  
Address C/O CAMBRIDGE MANAGEMENT OF SW FL INC  
9001 HIGHLAND WOODS BLVD #2  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP/ TREASURER  
Name HUBNER, ROY  
Address C/O CAMBRIDGE MANAGEMENT OF SW FL INC  
9001 HIGHLAND WOODS BLVD #2  
City-State-Zip: BONITA SPRINGS FL 34135

*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: JON HELBERG**

**PRESIDENT**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date