

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107597

Entity Name: SPRING HAMMOCK PARK, INC.**Current Principal Place of Business:**1651 SPRING HAMMOCK WAY
LONGWOOD, FL 32750**Current Mailing Address:**1651 SPRING HAMMOCK WAY
LONGWOOD, FL 32750**FEI Number:** 59-3754727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONER, MICHAEL R
1651 SPRING HAMMOCK WAY
LONGWOOD, FL 32750 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	P/D
Name	STONER, MICHAEL
Address	1651 SPRING HAMMOCK WAY
City-State-Zip:	LONGWOOD FL 32750

Title	D/S
Name	STONER, SARAH
Address	1651 SPRING HAMMOCK WAY
City-State-Zip:	LONGWOOD FL 32750

Title	V/D
Name	WAMPLER, CARTER W
Address	805 N. LAKE HOWARD DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	D/T
Name	WAMPLER, HOLLY
Address	805 N. LAKE HOWARD DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL R. STONER**PRES****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date