

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003588

Entity Name: OAK HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

Current Mailing Address:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

FEI Number: 74-3046235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUMANN, KARLA
391 S. TIMBERLANE DRIVE
NEW SYMRNA BEACH, FL 32168 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 PRESIDENT
Name BARDASH, THOMAS
Address 4622 LINKS VILLAGE DRIVE
City-State-Zip: PONCE INLET FL 32127

Title VP, DIRECTOR
Name CRONIN, BARBARA
Address 4622 LINKS VILLAGE DRIVE
City-State-Zip: PONCE INLET FL 32127

Title TREASURER, DIRECTOR
Name GREEN, GREG
Address 4622 LINKS VILLAGE DRIVE
City-State-Zip: PONCE INLET FL 32127

Title SECRETARY, DIRECTOR
Name SUTTER, KEN
Address 4622 LINKS VILLAGE DRIVE
City-State-Zip: PONCE INLET FL 32127

Title ASST. SECRETARY
Name BAUMANN, KARLA
Address 4622 LINKS VILLAGE DRIVE
City-State-Zip: PONCE INLET FL 32127

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: KARLA BAUMANN

ASST SECRETARY

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date