# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000881

Entity Name: HAMMOCK POINTE UTILITY ASSOCIATION, INC.

**FILED** Jan 25, 2016 **Secretary of State** CC2440478209

# **Current Principal Place of Business:**

C/O WORLD OF HOMES 2884 S OSCEAOLA AVE ORLANDO, FL 32806

# **Current Mailing Address:**

C/O WORLD OF HOMES 2884 S OSCEAOLA AVE ORLANDO, FL 32806

FEI Number: 59-3215043 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

FERDINANDSEN ENTERPRISES 2884 S OSCEOLA AVE ORLANDO, FL 32806 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

**PRESIDENT** Title Title VΡ

RIES. PETE Name Name LUKSTEID, PETE

Address 2884 S OSCEAOLA AVE Address 2884 S OSCEAOLA AVE ORLANDO FL 32806

City-State-Zip:

Title TREASURER, SECRETARY

Name MURRAY, MIKE

Address C/O WORLD OF HOMES

2884 S OSCEAOLA AVE

ORLANDO FL 32806

City-State-Zip: ORLANDO FL 32806

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.

01/25/2016 SIGNATURE: PETE RIES **PRESIDENT**