

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000881

**FILED  
Mar 26, 2020  
Secretary of State  
9489333955CC**

**Entity Name:** HAMMOCK POINTE UTILITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WORLD OF HOMES  
801 N. MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

C/O WORLD OF HOMES  
801 N. MAIN STREET  
KISSIMMEE, FL 34744 US

**FEI Number: 59-3215043**

**Certificate of Status Desired: No**

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

FERDINANDSEN ENTERPRISES  
C/O WORLD OF HOMES  
801 N. MAIN STREET  
KISSIMMEE, FL 34744 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           RIES, PETE  
Address        C/O WORLD OF HOMES  
                  801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           VP  
Name           LUKSTEID, PETE  
Address        C/O WORLD OF HOMES  
                  801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title           MANAGER  
Name           MANAGER  
Address        C/O WORLD OF HOMES  
                  801 N. MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

*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: PETE RIES**

**PRESIDENT**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date