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: RIES, PETE

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000881

Entity Name: HAMMOCK POINTE UTILITY ASSOCIATION, INC.

# **Current Principal Place of Business:**

C/O EMPIRE MANAGEMENT GROUP 801 N. MAIN STREET KISSIMMEE, FL 34744

# **Current Mailing Address:**

C/O EMPIRE MANAGEMENT GROUP 801 N. MAIN STREET KISSIMMEE, FL 34744 US

# FEI Number: 59-3215043

### Name and Address of Current Registered Agent:

EMPIRE MANAGEMENT GROUP C/O EMPIRE MANAGEMENT GROUP 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	: JOSE RIESTRA		03/28/2024
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	RIES, PETE	Name	LUKSTEID, PETE
Address	C/O EMPIRE MANAGEMENT GROUP 801 N. MAIN STREET	Address	C/O EMPIRE MANAGEMENT GROUP 801 N. MAIN STREET
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	MANAGER		
Name	MANAGER		
Address	C/O EMPIRE MANAGEMENT GROUP 801 N. MAIN STREET		
City-State-Zip:	KISSIMMEE FL 34744		

PRESIDENT 03/28/2024

### FILED Mar 28, 2024 Secretary of State 7326525440CC

Certificate of Status Desired: No

Date