

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Idalmen Ardisson, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: March 4th 2024

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

Idalmen Ardisson

Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence
or online notarization, this 4th day of March, 2024, by Idalmen Ardisson,
who is personally known or produced as identification FL DL.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security, - State of Florida)



MELISSA FERMIN
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Melissa Fermin
(Print, Type, or Stamp Commissioned Name of Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Peter H. Cabrera, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

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That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: 3/4/24

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

Peter H. Cabrera
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence
or online notarization, this 4th day of March, 2024, by Peter Cabrera,
who is personally known or produced as identification FL DL.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security (State of Florida)



MELISSA FERMI
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Melissa Ferrin
(Print, Type, or Stamp Commissioned Name of Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, FERNANDO A. FIGUEIRA, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: 3/4/2024.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

FERNANDO A. FIGUEIRA
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence

or online notarization, this 4th day of March, 2024, by Fernando Antonio Figueira

who is personally known or produced as identification FL DL.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security Florida)



MELISSA FERMIN
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Melissa Fermin
(Print, Type, or Stamp Commissioned Name of Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Juan Franco, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: 3-4-24

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

Juan Franco
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence
or online notarization, this 4th day of March, 2024, by Juan Franco,
who is personally known or produced as identification FL DL.



MELISSA FERMIN
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security (Florida)

Melissa Fermin
(Print, Type, or Stamp Commissioned Name of Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Kristen Gurucharri, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: 3/4/24

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

Kristen Gurucharri
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence
or online notarization, this 4th day of March, 2024, by Kristen Gurucharri
who is personally known or produced as identification FL DL



MELISSA FERMIN
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security (of Florida)

Melissa Fermin
(Print, Type, or Stamp Commissioned Name of Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, DON KEARNS, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: MARCH 4, 2024
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

DON KEARNS
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence
or online notarization, this 4th day of March, 2024, by Donald Kearns,
who is personally known or produced as identification FL DL.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
) of Florida)

Melissa Ferrin
(Print, Type, or Stamp Commissioned Name of
Notary Public)

HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED

OATH OF OFFICE

I do solemnly swear (or affirm), that I, FRANCISCO PEREZ, will fully and faithfully perform my duties as a Board Member of The Hammocks Community Association Incorporated.

That I will follow the laws of the State of Florida, and, the By-Laws, Declaration, Articles of Incorporation, and Rules concerning The Hammocks Community Association Incorporated.

That I will perform my duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my duties guided only by what is best for the entire Hammocks Community.

That I will recuse myself from any conduct, service, or vote that may have an appearance of impropriety and engage in full transparency in the performance of all my duties as a Board Member.

That I will never solicit or agree to receive anything of value for my benefit or the benefit of my family from any person or entity providing or proposing to provide goods or services to The Hammocks Community Association Incorporated.

So help me God.

Date: 03/04/24

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security

FRANCISCO PEREZ

Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence

or online notarization, this 4th day of March, 2024, by Francisco Perez,

who is personally known or produced as identification FL DL.

Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security
Signature Confirmed - Redacted for Security (a)



MELISSA FERMIN
Notary Public
State of Florida
Comm# HH235807
Expires 3/3/2026

Melissa Fermin

(Print, Type, or Stamp Commissioned Name of Notary Public)