

**NOTICE OF INTENT TO BE
A CANDIDATE FOR THE
BOARD OF DIRECTORS OF THE
HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED**

I, (print name) _____, hereby place my name in nomination as a candidate for the Board of Directors. I (circle one) am / am not enclosing (1) 8½ x 11 (only one side permitted) Information Statement about myself. I understand that I am responsible for the accuracy of the information contained in the Information Statement.

Address: _____

Phone Number: _____ Neighborhood: _____

Email Address: _____

Board Seat Sought (Pick Only One): General Fixed
(Only 18 Hammocks Managed
Neighborhoods without a local association)

PLEASE NOTE: YOU WILL NOT BE ELIGIBLE FOR BOARD OF DIRECTOR MEMBERSHIP IF ANY OF THE FOLLOWING APPLY:

1. YOU WERE A DIRECTOR WHO WAS SUSPENDED OR REMOVED BY THE DIVISION AND SUCH SUSPENSION OR REMOVAL TIME PERIOD IS PENDING;
2. YOU WILL BE MORE THAN 90 DAYS DELINQUENT IN THE PAYMENT OF REGULAR ASSESSMENTS AT THE TIME OF THE ELECTION;
3. YOU WERE CONVICTED OF A FELONY IN FLORIDA OR CONVICTED OF AN OFFENSE IN ANOTHER JURISDICTION THAT WOULD BE CONSIDERED A FELONY IN FLORIDA (UNLESS YOUR CIVIL RIGHTS HAVE BEEN RESTORED FOR A PERIOD OF NO LESS THAN FIVE YEARS AS OF THE DATE OF THE ELECTION); AND/OR
4. YOU ARE A DIRECTOR CHARGED WITH A FELONY THEFT OR EMBEZZLEMENT OFFENSE INVOLVING THE ASSOCIATION'S FUNDS OR PROPERTY AND SUCH CRIMINAL CHARGE IS PENDING.

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Verify Screening Solutions Inc to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, credit report, bad check and driver's license verification, academic verification, worker's compensation information and drug testing for the purpose of serving as a Director for the Hammocks Community Association Incorporated. I understand that such information may be derived in whole or in part from TransUnion, V.S.S and other providers and the report may contain information on my character, general reputation, personal characteristics and mode of living. Verify Screening Solutions Inc. is the background screening company used and their privacy policy can be found on their website (www.verifyssi.com).

First Name	Middle Name	Last Name	
Home Address			
City		State	Zip
-	-		
Social Security Number	Drivers License Number and State		Date of Birth
Position Applying For			
Signature		Date	

Please enclose a copy of your driver's license.

CANDIDATE INFORMATION SHEET

Election to the Board of Directors of Hammocks Community Association Incorporated

NAME: _____

Address: _____, Miami, Florida 33196

Describe your background, education, qualifications, and any other information about yourself that you consider relevant for Members to know:

SIGNATURE: _____ DATE: _____

(Candidate: Please note that you may either submit this Candidate Information Sheet OR a separate Candidate Information Sheet of your own, not to exceed one side of the page and no larger than 8 ½” x 11”. This Candidate Information Sheet must be delivered to Hammocks Community Association Incorporated at 9020 Hammocks Blvd., Miami, Florida 33196. Electronic versions of the form may be delivered by email to dgersten@grsm.com and ethompson@grsm.com. In either event, your submission must be delivered no later than Monday, December 16, 2024. This Candidate Information Sheet will be distributed with the Second Notice of Annual Meeting.)