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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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 2026

REDACTED

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, 2026, by Don Kearns., who is [/] personally known to me or [ ] produced as identification x _____.

[Notary seal]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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, 2026.

REDACTED

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, 2026, by Idalmen Ardisson, who is [/] personally known to me or [ ] produced as identification x _____.

[Notary Seal]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

Hammocks Community Association Incorporated

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Pete 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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 3/4/26.

REDACTED

Pete 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, 2026, by Pete Cabrera, who is [✓] personally known to me or [ ] produced as identification x _____.

[Notary Seal]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 03/04/2026.

REDACTED

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, 2026, by Francisco Perez, who is [✓] personally known to me or [ ] produced as identification x _____.

[Notary seal:

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

Hammocks Community Association Incorporated

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Johanna Acosta, 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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 03/04/2026.

REDACTED

Johanna Acosta
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 4 day of March, 2026, by Johanna Acosta, who is [✓] personally known to me or [ ] produced as identification x

[Notary Seal]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 3/4/26.

REDACTED

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, 2026, by Kristen Gurucharri, who is [✓] personally known to me or [ ] produced as identification x _____.

[Notary Seal]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 03/12/26.

REDACTED

Juan Franco
Printed Name

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of [Y] physical presence or [ ] online notarization, this 12 day of March, 2026, by Juan Franco, who is [ ] personally known to me or [Y] produced as identification x _____.

[Notary seal:]

Stephanie Jarquin
Comm.: HH 604114
Expires: Oct. 17, 2028
Notary Public - State of Florida

Hammocks Community Association Incorporated

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Andrew Costa, 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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 3/4/2026.

REDACTED

Andrew Costa
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, 2026, by Andrew Costa, who is [✓] personally known to me or [ ] produced as identification x _____.

[Notary Seal:]

DAVID FERNANDEZ
Notary Public - State of Florida
Commission # HH 578821
My Comm. Expires Aug 5, 2028
Bonded through National Notary Assn.

NOTARY PUBLIC – State of Florida

Hammocks Community Association Incorporated

OATH OF OFFICE

I do solemnly swear (or affirm), that I, Andrew Dale, 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 Declaration, Bill of Rights, By-Laws, Articles of Incorporation, and Rules concerning the Hammocks Community Association Incorporated.

That I will perform my fiduciary duties as a Board Member, disregarding anything personal to myself or my family, and instead perform my fiduciary 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: 3/12/26.

REDACTED

Andrew Dale
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 12 day of March, 2026, by Andrew Dale, who is [ ] personally known to me or [Y] produced as identification x _____.

[Notary seal:]

Stephanie Jarquin
Comm.: HH 604114
Expires: Oct. 17, 2028
Notary Public - State of Florida