

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:48

DOCUMENT # 754555 (1)  
1. Corporation Name  
HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
ADVANCED MNGT. OF SW FLORIDA, INC.  
5399 WHITFIELD AVE. SUITE 107  
SARASOTA FL 34243  
ADVANCED MNGT. OF SW FLORIDA, INC.  
5899 WHITFIELD AVE. SUITE 107  
SARASOTA FL 34243

3. Date Incorporated or Qualified 10/08/1980 3a. Date of Last Report 04/08/1994  
4. FEI Number 59-2148994 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
ADVANCED MANAGEMENT OF SOUTHWEST FL INC.  
5899 WHITFIELD AVE STE 107  
SARASOTA FL 34243

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, LAURENCE
STREET ADDRESS	4533 FOREST WOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	VPD
NAME	CULVER, JAMES V.
STREET ADDRESS	4634 FOREST WOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	ANDERSON, ROBERT W
STREET ADDRESS	4560 FOREST WOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	DIETRICH, CAROLYN
STREET ADDRESS	4544 FOREST WOOD TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLAIR NATTKEMPER	
1.3 STREET ADDRESS	4566 FOREST WOOD TRAIL	
1.4 CITY-ST-ZIP	SARASOTA, FL 34241	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	34241	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34241	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES D. STUMP	
5.3 STREET ADDRESS	4548 FOREST WOOD TRAIL	
5.4 CITY-ST-ZIP	SARASOTA, FL 34241	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE: *Blair F. Nattkemper* Date: 1/26/95 (819) 398-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BLAIR F. NATTKEMPER, PRES.