

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754555 (1)

1. Corporation Name

HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC



Principal Place of Business

Mailing Address

%ADVANCED MNGT. OF SW FLORIDA, INC.
5899 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
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVANCED MANAGEMENT OF SOUTHWEST FL INC.
5899 WHITFIELD AVE STE 107
SARASOTA FL 34243

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME NATTKEMPER, BLAIR
STREET ADDRESS 4586 FOREST WOOD TRAIL
CITY-ST-ZIP SARASOTA FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME CULVER, JAMES V.
STREET ADDRESS 4634 FOREST WOOD TRAIL
CITY-ST-ZIP SARASOTA FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME ANDERSON, ROBERT W
STREET ADDRESS 4580 FOREST WOOD TRAIL
CITY-ST-ZIP SARASOTA FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME DIETRICH, CAROLYN
STREET ADDRESS 4544 FOREST WOOD TRAIL
CITY-ST-ZIP SARASOTA FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME STUMP, JAMES D
STREET ADDRESS 4548 FOREST WOOD TRAIL
CITY-ST-ZIP SARASOTA FL

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK BARTLETT

Date

Daytime Phone #

4/25/96

377-0681

CR2E037 (12/95)