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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34243-3127

3. Date Incorporated or Qualified 10/08/1980 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2148994 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
81 Name ADVANCED MANAGEMENT OF
82 Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST FL INC.
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATTKEMPER, BLAIR	1.2 NAME	MANDELL, RICHARD
STREET ADDRESS	4566 FOREST WOOD TRAIL	1.3 STREET ADDRESS	4618 FOREST WOOD TRAIL
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	SARASOTA FL 34241
TITLE	VD DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, MARI	2.2 NAME	CICORA, DIANE
STREET ADDRESS	4546 FOREST WOOD TRAIL	2.3 STREET ADDRESS	7541 SILVER FERN BLVD
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	SARASOTA FL 34241
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLETT, JACK	3.2 NAME	CAMPBELL, FRANCIS
STREET ADDRESS	4567 FOREST WOOD TRAIL	3.3 STREET ADDRESS	4633 FOREST WOOD TRAIL
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	SARASOTA FL 34241
TITLE	SD DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETRICH, CAROLYN	4.2 NAME	BARTLETT, BETTY
STREET ADDRESS	4544 FOREST WOOD TRAIL	4.3 STREET ADDRESS	4567 FOREST WOOD TRAIL
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	SARASOTA FL 34241
TITLE	TD DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMP, JAMES D	5.2 NAME	
STREET ADDRESS	4548 FOREST WOOD TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, trustee or assignee of the corporation, or an agent authorized 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 an attachment to this report.

SIGNATURE: _____ DATE: FEB 11, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)