


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified 10/08/1980  
4. FEI Number 59-2148994 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 1 25 29 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 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		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MANDELL, RICHARD	
STREET ADDRESS	4818 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CICORA, DIANE	
STREET ADDRESS	7541 SILVER FERN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, JACK	
STREET ADDRESS	4567 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, FRANCIS	
STREET ADDRESS	4833 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, BETTY	
STREET ADDRESS	4567 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAYTON, WALTER	
1.3 STREET ADDRESS	4522 FOREST WOOD TRAIL	
1.4 CITY-ST-ZIP	SARASOTA, FL 34241	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, BERYLE	
3.3 STREET ADDRESS	4560 FOREST WOOD TRAIL	
3.4 CITY-ST-ZIP	SARASOTA, FL 34241	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDERSON, ROBERT	
4.3 STREET ADDRESS	4560 FOREST WOOD TRAIL	
4.4 CITY-ST-ZIP	SARASOTA, FL 34241	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SUSS, LOU	
6.3 STREET ADDRESS	7102 SADDLE CREEK WAY	
6.4 CITY-ST-ZIP	SARASOTA, FL 34241	

14. I 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 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 an attachment with an address.

SIGNATURE: *[Signature]* RW ANDERSON 4/15/98 371-7233

CR2E037 (10/97)