


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90261 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754555

1. Corporation Name
HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC

POSTED

Principal Place of Business %ADVANCED MNGT. OF SW FLORIDA, INC. 5899 WHITFIELD AVE. SUITE 107 SARASOTA FL 34243	Mailing Address %ADVANCED MNGT. OF SW FLORIDA, INC. 5899 WHITFIELD AVE. SUITE 107 SARASOTA FL 34243
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/08/1980	4. FEI Number 59-2148994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent Beryl Anderson ADVANCED MANAGEMENT OF SOUTHWEST FL INC. 5899 WHITFIELD AVE STE 107 SARASOTA FL 34243 Light House Management & Realty 16 Church Street Osprey FL 34229	10. Name and Address of New Registered Agent Beryl Anderson Hammocks II Condo Assoc, Inc. 16 Church Street Osprey FL 34229
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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 Beryl Anderson President Beryl E. Anderson DATE 4/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD NAME CLAYTON, WALTER STREET ADDRESS 4522 FOREST WOOD TRAIL CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME William Edwards - RD 1.3 STREET ADDRESS 4529 Forest Wood Trail 1.4 CITY-ST-ZIP SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME CICORA, DIANE STREET ADDRESS 7541 SILVER FERN BLVD. CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME Louis Suss 2.3 STREET ADDRESS 7102 Saddle Creek Way 2.4 CITY-ST-ZIP SARASOTA FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME ANDERSON, BERYLE STREET ADDRESS 4560 FOREST WOOD TRAIL CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME Walter Clayton - SD 3.3 STREET ADDRESS 4522 Forest Wood Trail 3.4 CITY-ST-ZIP SARASOTA FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ANDERSON, ROBERT STREET ADDRESS 4560 FOREST WOOD TRAIL CITY-ST-ZIP SARASOTA FL 34241	<input checked="" type="checkbox"/> DELETE	4.1 TITLE ASD 4.2 NAME J. Lynn Keith ASD 4.3 STREET ADDRESS 16 Church St 4.4 CITY-ST-ZIP Osprey FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME SUSS, LOU STREET ADDRESS 7102 SADDLE CREEK WAY CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with another like empowered.

SIGNATURE: [Signature] DATE: 4/8/99

CR2E037 (11/98)