

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90031 049 \*\*\*\*61.25

**C0037452**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **754555**  
 1. Entity Name  
**Hammocks Condominium Association, Section II**

Principal Place of Business Mailing Address - **SAME**  
**970 Lighthouse Mgmt & Realty**  
**16 Church Street**  
**OSPREY, FL 34229**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2148994** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSON, BERYL**  
**Hammock Condo Assoc - Sect II - Inc**  
**16 Church Street**  
**OSPREY, FL 34229**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Beryl Anderson**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**  
 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Beryl Anderson		NAME		
STREET ADDRESS	4560 Forest Wood Trail		STREET ADDRESS		
CITY-ST-ZIP	Sarasota FL 34241		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Louis Suss		NAME		
STREET ADDRESS	4579 Forest Wood Trail		STREET ADDRESS		
CITY-ST-ZIP	Sarasota FL 34241		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bob Anderson		NAME		
STREET ADDRESS	4560 Forest Wood Trail		STREET ADDRESS		
CITY-ST-ZIP	Sarasota FL 34241		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sydney Hawkey		NAME		
STREET ADDRESS	7543 Silver Fern Blvd		STREET ADDRESS		
CITY-ST-ZIP	Sarasota FL 34241		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Diane Ciccora		NAME		
STREET ADDRESS	7541 Silver Fern Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34241		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beryl E. Anderson** **BERYL E. ANDERSON** **3/1/00** **941-371-7233**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)