

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

DOCUMENT # **754555**

1. Entity Name  
**Hammocks Condominium Association, Section II**

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

**00037452**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2148994</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ANDERSON, BERYL</b> <b>Hammock Condo Assoc Sect II Inc</b> <b>16 Church Street</b> <b>OSPREY, FL 34229</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PB</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Beryl Anderson</b>			NAME			
STREET ADDRESS	<b>4560 Forest Wood Trail</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Sarasota FL 34241</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Louis Suss</b>			NAME			
STREET ADDRESS	<b>4579 Forest Wood Trail</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Sarasota FL 34241</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Bob Anderson</b>			NAME			
STREET ADDRESS	<b>4560 Forest Wood Trail</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Sarasota, FL 34241</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Sydney Hawkey</b>			NAME			
STREET ADDRESS	<b>7543 Silver Fern Blvd</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Sarasota, FL 34241</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Diane Ciccora</b>			NAME			
STREET ADDRESS	<b>7541 Silver Fern Blvd.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Sarasota, FL 34241</b>			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)