

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/2

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90035 013 \*\*\*\*61.25

**DOCUMENT # 754555**

1. Entity Name

**HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC**

Principal Place of Business

% LIGHTHOUSE MGMT & REALTY  
 16 CHURCH ST  
 OSPREY FL 34229

Mailing Address

% LIGHTHOUSE MGMT & REALTY  
 16 CHURCH ST  
 OSPREY FL 34229

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2148994**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDERSON, BERYL**  
**HAMMOCK CONDO ASSOC SECT II INC**  
**16 CHURCH ST**  
**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 *X Beryl E. 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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, WALTER	
STREET ADDRESS	4522 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUSS, LOUIS	
STREET ADDRESS	7102 SADDLE CREEKWAY	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, WALTER	
STREET ADDRESS	4522 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	4560 FOREST WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUSS, LOU	
STREET ADDRESS	7102 SADDLE CREEK WAY	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, EDWARD	
STREET ADDRESS	4529 FORESTV WOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beryl Anderson	
STREET ADDRESS	4560 Forest Wood Tr.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sydney Hawkey	
STREET ADDRESS	7543 Silver Fern Blvd.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard Satin	
STREET ADDRESS	4569 Forest Wood Tr.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Arnold	
STREET ADDRESS	4618 Forest Wood Tr.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *X SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/01

Date

371-7233

Daytime Phone #

CR2E037 (10/00)