

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90080 035 \*\*\*\*61.25

**DOCUMENT # 754555**

1. Entity Name

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

Principal Place of Business

Mailing Address

**% LIGHTHOUSE MGMT & REALTY  
 16 CHURCH ST  
 OSPREY FL 34229**

**% LIGHTHOUSE MGMT & REALTY  
 16 CHURCH ST  
 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**



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

**LOUIS SUSS, JR.**

Street Address, (P.O. Box Number is Not Acceptable)

**Hammock Condo Assoc Sect II Inc.**

**16 Church St**

City

**Osprey**

**FL**

**Zip Code 34229**

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 *Louis Suss, Jr.*  
 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, BERYL</b>	
STREET ADDRESS	<b>4560 FOREST WOOD TR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SUSS, LOUIS, JR</b>	
STREET ADDRESS	<b>7102 SADDLE CREEKWAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> Delete
NAME	<b>HAWKEY, SYDNEY</b>	
STREET ADDRESS	<b>7543 SILVER FERN BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SATIN, BERNARD</b>	
STREET ADDRESS	<b>4569 FOREST WOOD TR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STUART, ARNOLD</b>	
STREET ADDRESS	<b>4818 FOREST WOOD TR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Louis Suss, Jr* **SIGNATURE REQUIRED** *Louis Suss, Jr 10 Apr 2002 (941) 378-0252*  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)