


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90051 032 \*\*\*\*61.25

<b>DOCUMENT # 754555</b>			
1. Entity Name HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC.			
Principal Place of Business % LIGHTHOUSE MGMT & REALTY 18 CHURCH ST OSPREY, FL 34229		Mailing Address % LIGHTHOUSE MGMT & REALTY 18 CHURCH ST OSPREY, FL 34229	
2. Principal Place of Business c/o Miller Mgmt. Services		3. Mailing Address c/o Miller Mgmt Services	
Suite, Apt. #, etc. 2848 Proctor Road		Suite, Apt. #, etc. 2848 Proctor Road	
City & State Sarasota, FL		City & State Sarasota FL	
Zip 34231	Country USA	Zip 34231	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLAYTON, WALTER HAMMOCK CONDO ASSOC SECT II INC 18 CHURCH ST OSPREY, FL 34229		Name Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road City Sarasota FL Zip Code 34231	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>W.A. Clayton</i> <i>W.A. CLAYTON</i> <i>2/15/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE KOTTMAN, BILL 7547 SILVER FERN BLVD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KETTMAN, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWKEY, SYDNEY 7543 SILVER FERN BLVD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUART, ARNOLD 4618 FOREST WOOD TR SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEORA, DIANE 7451 SILVER FERN BLVD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CICORA, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAYTON, WALTER 4522 FOREST WOOD TR SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>W.A. Clayton</i> <i>W.A. CLAYTON</i> <i>2/15/04</i> <i>941</i> <i>371-7356</i>		Date: <i>2/15/04</i> Daytime Phone # <i>371-7356</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	