

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90307 006 \*\*\*\*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

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

**SUSS, LOUIS JR.**  
**HAMMOCK CONDO ASSOC SECT II INC**  
**16 CHURCH ST**  
**OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name **Walter Clayton**  
Street Address (P.O. Box Number is Not Acceptable) **Hammocks 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BERYL	
STREET ADDRESS	4560 FOREST WOOD TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUSS, LOUIS	
STREET ADDRESS	7102 SADDLE CREEKWAY	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAWKEY, SYDNEY	
STREET ADDRESS	7543 SILVER FERN BLVD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUART, ARNOLD	
STREET ADDRESS	4618 FOREST WOOD TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Arnold	
STREET ADDRESS	4618 Forest Wood TR	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Cicora	
STREET ADDRESS	7541 Silver Fern Blvd.	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Clayton	
STREET ADDRESS	4532 Forest Wood Trl.	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Kottman	
STREET ADDRESS	7541 Silver Fern Blvd.	
CITY-ST-ZIP	Sarasota, FL 34241	
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		
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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)