

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754555

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**9293240348CC**

**Entity Name:** HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II,INC.

**Current Principal Place of Business:**

%MILLER MGMT. SERIVECES  
2848 PROCTOR ROAD  
SARASOTA, FL 34231

**Current Mailing Address:**

%MILLER MGMT. SERIVECES  
2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

**FEI Number:** 59-2148994

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER MANAGEMENT SERVICES INC  
2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BREST, MICHAEL  
Address 4619 FORESTWOOD TRAIL  
City-State-Zip: SARASOTA FL 34241

Title D  
Name RAINEY, MIKE  
Address 4633 FORESTWOOD TRAIL  
City-State-Zip: SARASOTA FL 34241

Title TD  
Name ROGOVIN, ZVI  
Address 4556 FORESTWOOD TRAIL  
City-State-Zip: SARASOTA FL 34241

Title SD  
Name TITTLE, LINDA  
Address 4554 FORESTWOOD TRAIL  
City-State-Zip: SARASOTA FL 34241

Title VD  
Name MEYERS, JOE  
Address 4621 OAK TRAIL DRIVE  
City-State-Zip: SARASOTA FL 34241

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL BREST**

**PRESIDENT**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date