

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748319** (1)

1. Corporation Name

THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ALL FLORIDA MANAGEMENT
4301 OAK CIR. SUITE 18
BOCA RATON FL 33431

% ALL FLORIDA MANAGEMENT
4301 OAK CIR. SUITE 18
BOCA RATON FL 33431

3. Date Incorporated or Qualified
08/01/1979

3e. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2424474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A GLEN
4301 OAK CIRCLE #18
SUITE 4150
BOCA RATON FL 33431

81

Name

Glen Management Services

82

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

4301 Oak Circle Suite 23

83

Boca Raton, Fl. 33431

84

City

Boca Raton, Fl.

FL

85 Zip Code
33431

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GLICKMAN, KATHLEEN	
STREET ADDRESS	22378 S.W. 57TH CIR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GONLEY, NANCY	
STREET ADDRESS	22374 S.W. 57TH CIR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, HAZEL	
STREET ADDRESS	22368 S.W. 57TH CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODDO, PHILIP	
STREET ADDRESS	22336 S.W. 57TH CIR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SARNELLI, MATTHEW	
STREET ADDRESS	22348 S.W. 57TH CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHLEEN GLICKMAN	
1.3 STREET ADDRESS	22378 S.W. 57TH CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
2.1 TITLE	D SEC/TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NANCY CONLEY	
2.3 STREET ADDRESS	22374 S.W. 57TH CIRCLE	
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
3.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATT SARNELLI	
3.3 STREET ADDRESS	22348 S.W. 57TH CIRCLE	
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Date

Daytime Phone #

CR2E037 (12/95)