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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748319

1. Corporation Name

THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, IN  
C.

Principal Place of Business

GLEN MANAGEMENT  
4301 OAK CIR., SUITE 18  
BOCA RATON FL 33431  
US

Mailing Address

C/O GLEN MANAGEMENT  
4301 OAK CIRCLE, #23  
BOCA RATON FL 33431  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/01/1979

4. FEI Number

59-2424474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

A GLEN  
4301 OAK CIRCLE STE 23  
BOCO RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

D  
NAME LEONARD, PATRICK M  
STREET ADDRESS 22316 SW 57TH CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

DST  
NAME CONLEY, NANCY  
STREET ADDRESS 22374 S.W. 57TH CIR.  
CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

D  
NAME HUTCHINSON, HAZEL  
STREET ADDRESS 22368 S.W. 57TH CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

D  
NAME ODDO, PHILIP  
STREET ADDRESS 22336 S.W. 57TH CIR.  
CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

P  
NAME SARNELLI, MATT  
STREET ADDRESS 22348 S.W. 57TH CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Nancy Conley* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

DATE

DAYTIME PHONE #

CR2E037 (1/198)