2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90042 033 ****61.25

DOCUMENT # 754555

1. Entity Name
HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II,INC.

50018618

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01282005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
~~%MILLER MGMT. SERIVECES~~ 2848 PROCTOR ROAD SARASOTA, FL 34231	~~%MILLER MGMT. SERIVECES~~ 2848 PROCTOR ROAD SARASOTA, FL 34231

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	7. Name and Address of New Registered Agent
~~CLAYTON, WALTER~~ ~~HAMMOCKS CONDOMINIUM ASSOC SECTION II INC~~ 2848 PROCTOR ROAD SARASOTA, FL 34231	Name: MILLER MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 2348 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: Mark W Miller DATE: 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KETTMAN, BILL 7547 SILVER FERN BLVD SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAWKEY, SYDNEY 7543 SILVER FERN BLVD SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STUART, ARNOLD 4618 FOREST WOOD TR SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CICORA, DIANE 7451 SILVER FERN BLVD SARASOTA, FL 34241	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D SMITH, VIRGINIA 4613 Forest Wood Trail Sarasota, FL 34241	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLAYTON, WALTER 4522 FOREST WOOD TR SARASOTA, FL 34241	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHRAN, THOMAS 4566 Forest Wood Trail Sarasota, FL 34241	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Stivanne Arnold 2-18-05 3774210498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #