

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90017 025 ****61.25

DOCUMENT # 754555 1. Entity Name HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II, INC.					
Principal Place of Business %MILLER MGMT. SERVICES 2848 PROCTOR ROAD SARASOTA, FL 34231			Mailing Address %MILLER MGMT. SERVICES 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 <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLAYTON, WALTER MILLER MANAGEMENT SERVICES INC 2848 PROCTOR ROAD SARASOTA, FL 34231			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KETTMAN, BILL		NAME	MUNTJE, SUSAN	
STREET ADDRESS	7547 SILVER FERN BLVD		STREET ADDRESS	4548 Forest Wood Trail	
CITY-STATE-ZIP	SARASOTA, FL 34241		CITY-STATE-ZIP	Sarasota, FL 34241	
TITLE	VPS <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAWKEY, SYDNEY		NAME	MEYERS, JOE	
STREET ADDRESS	7543 SILVER FERN BLVD		STREET ADDRESS	4621 Oak Trail Drive	
CITY-STATE-ZIP	SARASOTA, FL 34241		CITY-STATE-ZIP	Sarasota, FL 34241	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUART, ARNOLD		NAME		
STREET ADDRESS	4618 FOREST WOOD TR		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34241		CITY-STATE-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIRGINIA, SMITH		NAME		
STREET ADDRESS	4613 FOREST WOOD TRAIL		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34241		CITY-STATE-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, THOMAS		NAME		
STREET ADDRESS	4566 FOREST WOOD TRAIL		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34241		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Stuart Arnold - Pres</i>			Date: <i>2-21-06</i>		Daytime Phone #: <i>377-1048</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					