2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2007 8:00 am

					_	Corre	tory /	↑#` \ 1	tata
DOCUMENT # 754555 1. Entity Name HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II,INC.							tary ()07 90097 0		
Principal Place of Business %MILLER MGMT. SERIVECES 2848 PROCTOR ROAD SARASOTA, FL 34231		Mailing Address %MILLER MGMT. SERIVECES 2848 PROCTOR ROAD SARASOTA, FL 34231							ARI ALIFFI
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State			4. FEI Number 59-2148	994	<u>, , , , , , , , , , , , , , , , , , , </u>		oplied For ot Applicable
Zip	Country Zip		Country	Country 5. (f Status Desire		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	ddress of Nev	w Registered A	gent	
			Nam						
CLAYTON, WALTER- MILLER MANAGEMENT SERVICES INC 2848 PROCTOR ROAD SARASOTA, FL 34231				Street Address (P.O. Box Number is Not Acceptable)					
			City		 -		FL	Zip Cod	e
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 Signature, typed or printed name of registered agent and ritle # appricable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campai Trust Fund Contr				-	\$5.00 May Be Added to Fees	e e e	Make check lorida Departi		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								1 10	
TITLE	D .	Delete	TITLE	IS.T			CLI IO AIRD DIR		
NAME	KETTMAN, BILL	neters	NAME		SHAW, LEC	N		L change	XXAddition
STREET ADDRESS	7547 SILVER FERN BLVD		STREET ADDRE		7 Oak Tra		_		ľ
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP				=		
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NAME	MEYERS, JOE	r_1 Delete	TITLE NAME	VP				Change Change	Addition
STREET ADDRESS	4621 OAK TRL DR	•	STREET ADDRE	ا ء					
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	~					
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NAME	STUART, ARNOLD	¥■ Uchae	NAME		SO, MIKE			L. Grange	ALADORIO:
STREET ADDRESS	4618 FOREST WOOD TR		STREET ADDRE	1		Maga Ma	-:1		}
City-St-Zip	SARASOTA, FL 34241		CITY-ST-ZIP	1474	6 Forest		all		İ
TITLE	TD	⊘ Delete	TITLE	Sar	asota, FI	<u>. 3424</u> 1		☐ Change	Addition
NAME	VIRGINIA, SMITH	54 55.00	NAME	[
STREET ADDRESS	l		STREET ADDRE	is l					į.
	4613 FOREST WOOD TRAIL								I
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP						
CITY-ST-ZIP TITLE	[☐ Delete	CITY-ST-ZIP	Pn				∑ Change	☐ Addition
·	SARASOTA, FL 34241	☐ Delete		PD				₩ Change	☐ Addition
TITLE	SARASOTA, FL 34241 VPD	☐ Delete	ΠLE		H			Change	☐ Addition
TITLE NAME	SARASOTA, FL 34241 VPD COCHRAN, THOMAS	☐ Delete	TITLE NAME		9			∰ Change	☐ Addition
TITLE NAME STREET ADDRESS	VPD COCHRAN, THOMAS 4566 FOREST WOOD TRAIL	☐ Delete	TITLE NAME STREET ADDRE	ss .				∰ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 34241 VPD COCHRAN, THOMAS 4566 FOREST WOOD TRAIL SARASOTA, FL 34241		TITLE NAME STREET ADDRE CITY-ST-ZIP	bs D	NEY, MIKI				

34241 Sarasota, FL 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.

CITY-ST-ZIP

SARASOTA, FL 34241

4633 Forest Wood Trail

Leon Warshaw, Secretary <u> 7 [941)923-5811</u> SIGNATURE: CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Daytime Phone #