

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 031 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2148994	
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 MILLER MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2848 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 2/4/08 <small>(NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	STD WARSHAW, LEON 4617 OAK TR DR SARASOTA, FL 34241		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MEYERS, JOE 4621 OAK TRL DR SARASOTA, FL 34241		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, MIKE 4546 FOREST WOOD TR SARASOTA, FL 34241		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COCHRAN, THOMAS 4566 FOREST WOOD TRAIL SARASOTA, FL 34241		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAINEY, MIKE 4633 FOREST WOOD TR SARASOTA, FL 34241		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Leon Warshaw, Treasurer (941) 923-5811		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		