

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 048 ****61.25

DOCUMENT # **758690** ✓

1. Corporation Name

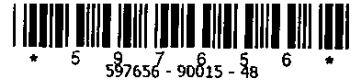
THE HAMMOCKS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5535 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 33962-4478**

Mailing Address

**5535 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 33962-4478**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

34113

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

34113

30

3. Date Incorporated or Qualified

06/09/1981

4. FEI Number

59-0278022

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

**SANDBERG, PEGGY E
5535 RATTLESNAKE HAMK #305
NAPLES FL 34113**

10. Name and Address of New Registered Agent

81 Name

Brenda Smith

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

5535 Rattlesnake Hammock Rd #303

83

84 City

Naples

FL

85 Zip Code

34113

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

Brenda C Smith President

7/7/99

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 **ST** ☒ DELETE

NAME **SANDBURG, PEGGY**

STREET ADDRESS **5535 RATTLESNAKE HAM. #305**

CITY-ST-ZIP **NAPLES, FL 00000**

TITLE **P** ☒ DELETE

NAME **SANDBERG, VERN**

STREET ADDRESS **5535 RATTLESNAKE HAM., #305**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **BAVIELLO, SR M**

STREET ADDRESS **3801 CRAYTON RD**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE

NAME **CHOATE, JILL B**

STREET ADDRESS **5535 RATTLESNAKE HAM, #301**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE

NAME **SWEET, JASON**

STREET ADDRESS **5535 RATTLESNAKE HAM, #306**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE

NAME **WISNESKY, MELVIN**

STREET ADDRESS **401 CHARLEMAGNE BLVD**

CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary Treasurer** ☒ Change ☐ Addition

1.2 NAME **Jill Choate**

1.3 STREET ADDRESS **5535 Rattlesnake HmK Rd 301**

1.4 CITY-ST-ZIP **Naples FL 34113**

2.1 TITLE **President** ☒ Change ☐ Addition

2.2 NAME **Brenda Smith**

2.3 STREET ADDRESS **5535 Rattlesnake HmK Rd 303**

2.4 CITY-ST-ZIP **Naples FL 34113**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Vice President** ☒ Change ☐ Addition

4.2 NAME **Tina Meyer**

4.3 STREET ADDRESS **5535 Rattlesnake HmK Rd 205**

4.4 CITY-ST-ZIP **Naples, FL 34113**

5.1 TITLE **Director** ☐ Change ☐ Addition

5.2 NAME **Verne Sandberg**

5.3 STREET ADDRESS **5535 Rattlesnake HmK Rd 305**

5.4 CITY-ST-ZIP **Naples, FL 34113**

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:

Brenda C Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

Date

Daytime Phone #

941-262-3311

CR2E037 (5/99)