

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90042 015 ****61.25

DOCUMENT # 758690

1. Entity Name

THE HAMMOCKS OF NAPLES CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

**5535 RATTLESNAKE HAMMOCK ROAD
 NAPLES FL 34113**

**5535 RATTLESNAKE HAMMOCK ROAD
 NAPLES FL 34113-7465**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

2378022
59-0278022

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SMITH, BRENDA
5535 RATTLESNAKE HAMMOCK RD
#303
NAPLES FL 34113

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **ST** Delete
 NAME: **CHOATE, JILL**
 STREET ADDRESS: **5535 RATTLESNAKE HMK RD #301**
 CITY-ST-ZIP: **NAPLES FL 34113**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **P** Delete
 NAME: **SMITH, BRENDA**
 STREET ADDRESS: **5535 RATTLESNAKE HMK RD #303**
 CITY-ST-ZIP: **NAPLES FL 34113**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **BAVIELLO, SR M**
 STREET ADDRESS: **3801 CRAYTON RD**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **MEYER, TINA**
 STREET ADDRESS: **5535 RATTLESNAKE HMK RD #205**
 CITY-ST-ZIP: **NAPLES FL 34113**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **SANDBERG, VERNE**
 STREET ADDRESS: **5535 RATTLESNAKE HMK RD #305**
 CITY-ST-ZIP: **NAPLES FL 34113**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

Brenda R Smith
BRENDA R SMITH

3/1/00

94-262-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)