2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE

Mar 15, 2001 8:00 am § Secretary of State DOCUMENT# 758690 1. Entity Name THE HAMMOCKS OF NAPLES CONDOMINIUM ASSOCIATION. 03-15-2001 90214 032 ****61.25 Principal Place of Business Mailing Address 5535 RATTLESNAKE HAMMOCK ROAD 5535 RATTLESNAKE HAMMOCK ROAD NAPLES FL 34113 NAPLES FL 34113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2378022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ~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 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 5 Signature, typed or printed name of registe FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete CHOATE, JILL NAME NAME 5535 RATTLESNAKE HMK RD #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 TITLE ☐ Delete TITLE ☐ Addition SMITH, BRENDA NAME NAME 5535 RATTLESNAKE HMK RD #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 -----CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BAVIELLO, SR M NAME NAME STREET ADDRESS 3801 CRAYTON RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change Addition NAME MEYER, TINA NAME 5535 RATTLESNAKE HMK RD #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 Delete TITLE Change Ch Addition TITLE SANDBERG, VERNE NAME NAME 5535 RATTLESNAKE HMK RD #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it 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

OFFICER OR DIRECTOR

5/01