

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 032 ****61.25

DOCUMENT # 758690

1. Entity Name

**THE HAMMOCKS OF NAPLES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**5535 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113**

Mailing Address

**5535 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113**

50021619



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2378022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCDERMOTT, STEVE
STREET ADDRESS 5535 RTLSNK HMK RD # 203
CITY-ST-ZIP NAPLES, FL 34113

TITLE V
NAME SWEAT, ELLIS
STREET ADDRESS 5535 RATTLESNAKE HMK RD #303
CITY-ST-ZIP NAPLES, FL 34113

TITLE T
NAME FAYE, SCOTT
STREET ADDRESS 5535 RTLSNK HMK RD # 101
CITY-ST-ZIP NAPLES, FL 34113

TITLE S
NAME SMITH, BRENDA
STREET ADDRESS 5535 RATTLESNAKE HAMMOCK RD., 303
CITY-ST-ZIP NAPLES, FL 34113

TITLE D
NAME BESSETTE, PAT
STREET ADDRESS 5535 RTLSNK HMK RD # 304
CITY-ST-ZIP NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Bessette

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IN THIS SPACE**

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

DATE

Daytime Phone #

2/24/05 2392623311