

**2006 NGT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**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**



02162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2378022**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	

00000451782  
03/01/06 00066-023 01.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Faye L. Scott*

Faye L. Scott

2-27-06

239-595-1824