


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

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 758690</b>	
Entity Name <b>THE HAMMOCKS OF NAPLES CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>5535 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113</b>	Mailing Address <b>5535 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113</b>
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2378022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCDERMOTT, STEVE 5535 RTLSNK HMK RD # 203 NAPLES, FL 34113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SWEAT, ELLIS 5535 RATTLESNAKE HMK RD #303 NAPLES, FL 34113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FAYE, SCOTT 5535 RTLSNK HMK RD # 101 NAPLES, FL 34113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SMITH, BRENDA 5535 RATTLESNAKE HAMMOCK RD., 303 NAPLES, FL 34113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BESSETTE, PAT 5535 RTLSNK HMK RD # 304 NAPLES, FL 34113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000840356  
03/06/08-80042-026 61.25

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, Treasurer** **2-29-08** **239-595-9824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #