

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90094 045 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**IRBY, TODD**

**5535 RATTLESNAKE HAMMOCK RD  
302  
NAPLES FL 34113**

Name **Brenda Smith**

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

**5535 Rattlesnake Hammock Rd #303**

City

**Naples**

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Brenda C Smith*

*2/26/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **IRBY, TODD**  
STREET ADDRESS **5535 RTLSNK HMK RD #302**  
CITY-ST-ZIP **NAPLES FL 34113**

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

TITLE **VP** ☐ Delete  
NAME **GEHO, DEBRA**  
STREET ADDRESS **5535 RTLSNK HMK RD #201**  
CITY-ST-ZIP **NAPLES FL 34113**

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

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

TITLE **D** ☐ Delete  
NAME **MESSMORE, FRAN**  
STREET ADDRESS **2570 44TH TERRACE SW**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Todd Irby**  
STREET ADDRESS **5535 Rattlesnake Hammock Rd 302**  
CITY-ST-ZIP **Naples, FL 34113**

TITLE **P** ☐ Change ☐ Addition  
NAME **Brenda Smith**  
STREET ADDRESS **5535 Rattlesnake Hammock Rd 303**  
CITY-ST-ZIP **Naples, FL 34113**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Debra Geho**  
STREET ADDRESS **5535 Rattlesnake Hammock Rd 201**  
CITY-ST-ZIP **Naples, FL 34113**

TITLE **D** ☐ Change ☒ Addition  
NAME **Stewie McDermott**  
STREET ADDRESS **5535 Rattlesnake Hammock Rd 203**  
CITY-ST-ZIP **Naples, FL 34113**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Same**

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 C Smith*

*2/26/03 239-262.3311*

CR2E037 (10/02)