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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763118 (7)

1. Corporation Name

THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II
I, INC.

Principal Place of Business

16 CHURCH STREET
LIGHTHOUSE MANAGEMENT
OSPREY FL 34229
US

Mailing Address

16 CHURCH STREET
OSPREY FL 34229-9049

3. Date Incorporated or Qualified

05/05/1982

3a. Date of Last Report

06/03/1996

4. FEI Number

59-2346259

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT & REALTY, INC.
16 CHURCH STREET
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.SIGNATURE: *[Signature]* Keith Ass't Sec.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/13/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTTERWORTH, ELIZABETH	
STREET ADDRESS	4691 PINE GREEN TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLS, ELIZABETH	
STREET ADDRESS	4636 PINE GREEN TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ATWOOD, JANE O.	
STREET ADDRESS	7340 SILVER FERN BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	KEITH, J. LLOYD	
STREET ADDRESS	600 S. TAMiami TRAIL	
CITY-ST-ZIP	OSPREY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIES, LYN LLOYD	
STREET ADDRESS	16 CHURCH STREET	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NICHOLSON, RUTH	
STREET ADDRESS	7356 SILVER FERN BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34241	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES HARDEN	
1.3 STREET ADDRESS	4686 Pine Green Trail	
1.4 CITY-ST-ZIP	Sarasota, FL 34241	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Keith, J. Lloyd	
4.3 STREET ADDRESS	16 Church St.	
4.4 CITY-ST-ZIP	Osprey, FL 34229	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4628 PINE GREEN TR.	
5.4 CITY-ST-ZIP	SARASOTA, FL 34241	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] JANE Q. ATWOOD #1/97 941-9666841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082718

CR2E037 (9/96)