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May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763118** (7)

1. Corporation Name

**THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION II  
I, INC.**

Principal Place of Business

Mailing Address

**16 CHURCH STREET  
LIGHTHOUSE MANAGEMENT  
OSPREY FL 34229  
US**

**16 CHURCH STREET  
OSPREY FL 34229**

3. Date Incorporated or Qualified

**05/05/1982**

4. FEI Number

**59-2346259**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **ELIZABETH MILLS, Pres.**

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

**The Hammocks Condominium, Section III, Inc.**

83 **16 Church St.**

84 **Osprey FL**

**FL**

85 Zip Code **34229**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 **E. Elizabeth Mills, Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

VP  
NAME **HARDEN, JAMES**  
STREET ADDRESS **4686 PINE GREEN TRAIL**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

PD  
NAME **MILLS, ELIZABETH**  
STREET ADDRESS **4636 PINE GREEN TRAIL**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

TD  
NAME **ATWOOD, JANE Q.**  
STREET ADDRESS **7340 SILVER FERN BLVD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

AS  
NAME **KEITH, J. LLOYD**  
STREET ADDRESS **16 CHURCH ST**  
CITY-ST-ZIP **OSPREY FL**

TITLE ☒ DELETE

D  
NAME **DAVIES, LYN LLOYD**  
STREET ADDRESS **4626 PINE GREEN TR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

SD  
NAME **NICHOLSON, RUTH**  
STREET ADDRESS **7356 SILVER FERN BOULEVARD**  
CITY-ST-ZIP **SARASOTA FL 34241**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**SD Judy Lyons**  
**7320 Silver Fern Blvd**  
**Sarasota, FL 34241**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**SD Maryann Harshbarger**  
**4637 Willow Wood Circle**  
**Sarasota, FL 34241**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: **JANE Q ATWOOD** **4/7/98** **941-379-9997**

CR2E037 (10/97)