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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763118

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/05/1982

4. FEI Number

59-2346259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MILLS, ELIZABETH  
THE HAMMOCKS CONDO ASSOC SEC III SEC 3  
16 CHURCH STREET  
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

Elizabeth Mills

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

Hammocks Condo Assoc. III INC

83

16 Church Street

84 City

Osprey

FL

85 Zip Code

34229

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 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

Elizabeth Mills

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME LYONS, J  
STREET ADDRESS 7320 SILVER FERN BLVD  
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☒ DELETE

NAME DAVIES, LYN LLOYD  
STREET ADDRESS 4628 PINE GREEN TR  
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME HARSHBARGER, M  
STREET ADDRESS 4637 WILLOW WOOD CIR  
CITY-ST-ZIP SARASOTA FL 34249

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X Elizabeth Mills 4/3/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)