

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90080 037 ****61.25

DOCUMENT # 763118

1. Entity 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**

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

59-2346259

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

~~MILLS, ELIZABETH~~

**THE HAMMOCKS CONDO ASSOC SEC III SEC
 16 CHURCH ST
 OSPREY FL 34229**

Name

JUDY LYONS

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

THE HAMMOCKS CONDO ASSOC SEC III

16 CHURCH ST

City

OSPREY, FL 34229

FL

Zip Code

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.

SIGNATURE *Judy L. Lyons*

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PDP** ☒ Change ☐ Addition
 NAME **IVER BERRY**
 STREET ADDRESS **7326 SILVER FERN BLVD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☐ Delete
 NAME **BERRY, IVER**
 STREET ADDRESS **7326 SILVER FERN BOULEVARD**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** ☒ Change ☐ Addition
 NAME **CHARLES GOODE**
 STREET ADDRESS **4675 WILLOW WOOD CIR**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ Delete
 NAME **LYONS, JUDY**
 STREET ADDRESS **7320 SILVER FERN BLVD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **SD** ☐ Change ☒ Addition
 NAME **FRED WIBERG**
 STREET ADDRESS **4627 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**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARYANN HARSHBARGER**
 STREET ADDRESS **4637 WILLOW WOOD CIR**
 CITY-ST-ZIP **SARASOTA, FL**

TITLE **SD** ☐ Delete
 NAME **GOODE, CHARLES**
 STREET ADDRESS **4675 WILLOW WOOD CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 *Judy L. Lyons*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)