

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90331 042 \*\*\*\*61.25

**DOCUMENT # 763118**

1. Entity Name  
**THE HAMMOCKS CONDOMINIUM ASSOCIATION,  
SECTION III, INC.**



Principal Place of Business  
**16 CHURCH STREET  
LIGHTHOUSE MANAGEMENT  
OSPREY, FL 34229 US**

Mailing Address  
**16 CHURCH STREET  
OSPREY, FL 34229**

**14014043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2346259**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name **John K. Mills**  
Street Address (P.O. Box Number is Not Acceptable)  
**The Hammocks Condo Assoc SEC III**  
**16 Church St**  
City **Osprey** FL Zip Code **34229**

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

*John K. Mills*

*April 22, 2004*

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 **PD** ☒ Delete  
NAME **HARSHBARGER, MARY ANN**  
STREET ADDRESS **4637 WILLOW WOOD CIR**  
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Dorothea Harvey**  
STREET ADDRESS **4686 Pine Green Trl.**  
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **VP** ☐ Delete  
NAME **GOODE, CHARELS**  
STREET ADDRESS **4675 WILLOW WOOD CIR.**  
CITY-ST-ZIP **SARASOTA, FL**

TITLE **TD JOHN** ☐ Change ☒ Addition  
NAME **Jack Mills**  
STREET ADDRESS **4636 Pine Green Trl.**  
CITY-ST-ZIP **Sarasota, FL 34231**

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **David Wagner**  
STREET ADDRESS **4650 Willow Wood Cir.**  
CITY-ST-ZIP **Sarasota, FL 34241**

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

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

TITLE **SD** ☒ Delete  
NAME **WIBERG, FRED**  
STREET ADDRESS **4627 PINE GREEN TR**  
CITY-ST-ZIP **SARASOTA, FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: *John K. Mills* *April 22, 2004* *(941) 378-9601*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #