

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 763118

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

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

Name

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

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judy C. 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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **BERRY, IVER**  
STREET ADDRESS **7326 SILVER FERN BLVD.**  
CITY-ST-ZIP **SARASOTA FL**

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **HARSHBARGER, MARYANN**  
STREET ADDRESS **4637 WILLOW WOOD CIR**  
CITY-ST-ZIP **SARASOTA FL 34241**

Change

Addition

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Judy C. Lyons*

Date

Daytime Phone #

CR2E037 (10/02)

0056563

**FILED  
Apr 16, 2003 8:00 am  
Secretary of State**

04-16-2003 90210 046 \*\*\*\*61.25