FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04178 (2)

1. Corporation Name
THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION IV , INC.

Principal Place of Business	Mailing Address
% LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229	% LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/13/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2506983 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEITH, J. LLOYD % LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	DONALDSON, NORMAN	12 NAME	Mercer, Florence
STREET ADDRESS	7324 OAK MOSS DR.	13 STREET ADDRESS	7442 Oak Moss Dr
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	TS	21 TITLE	VD ☑ Change ☐ Addition
NAME	MERCER, FLORENCE	22 NAME	Abram, Stanton
STREET ADDRESS	7442 OAK MOSS DR	23 STREET ADDRESS	7229 Oak Moss Dr.
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	D	31 TITLE	TD ☑ Change ☐ Addition
NAME	STANTON, ABRAM DR.	32 NAME	Rosenzweig, David
STREET ADDRESS	7229 OAK MOSS DR	33 STREET ADDRESS	7269 Oak Moss Dr.
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	D	41 TITLE	SD ☑ Change ☐ Addition
NAME	ROGERS, JOHN	42 NAME	Haas, Arthur
STREET ADDRESS	7422 OAK MOSS DRIVE	43 STREET ADDRESS	7361 Oak Moss Dr.
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota, FL 34241
TITLE		51 TITLE	D ☐ Change ☑ Addition
NAME		52 NAME	Carr, Frank
STREET ADDRESS		53 STREET ADDRESS	7467 Oak Moss Dr.
CITY-ST-ZIP		54 CITY-ST-ZIP	Sarasota, FL 34241
TITLE		61 TITLE	ASD ☐ Change ☑ Addition
NAME		62 NAME	Keith, J. Lloyd
STREET ADDRESS		63 STREET ADDRESS	830 S. Tamiami Tr.
CITY-ST-ZIP		64 CITY-ST-ZIP	Osprey, FL 34229

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/26/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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