FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 07/13/1984
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21	26 16 Church Street
Suite, Apt. #, etc. 22 16 Church Street	Suite, Apt. #, etc. 27
City & State 23 Osprey Fl	City & State 28 Osprey, Fl.
Zip / Country 24 34229 / 25 Sarasota	Zip / Country 29 34229 / 30 Sarasota

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEITH, J. LLOYD
% LIGHTHOUSE MANAGEMENT AND REALTY
~~830 SOUTH TAMIAMI TRAIL~~
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 16 CHURCH STREET

83

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 (AGENT) 3-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERCER, FLORENCE 7442 OAK MOSS DRIVE SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Negus, Barbara 4254 OakMoss Drive Sarasota, Fl. 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STANTON, FLORAM 7229 OAK MOSS DRIVE SARASOTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D's ; Abram Stanton 7229 Oak moss Dr. Sarasota, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSENZWEIG, DAVID 7269 OAK MOSS DRIVE SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Rosenzweig, David 7269 Oak Moss Drive Sarasota, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAAS, ARTHUR 7331 OAK MOSS DRIVE SARASOTA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD Haas, Arthur 7331 Oak moss Dr. Sarasota, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARR, FRANK 7467 OAK MOSS DRIVE SARASOTA FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Berner, Donald 7363 Silver Fern Blvd. Sarasota, Fl. 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD LLOYD, KEITH J 830 S TAMIAMI TRAIL OSPREY FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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.

X **SIGNATURE:** JL1040 KEITH 3-26-96 9419666844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #