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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
16 CHURCH STREET OSPREY FL 34229 US	16 CHURCH ST OSPREY FL 34229 US

3. Date Incorporated or Qualified: 07/13/1984

4. FEI Number: 59-2506983 ☐ Applied For ☐ Not Applicable

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 (24) / Country (25) / Zip (29) / Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C/O LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name: David Rosenzweig

82 Street Address (P.O. Box Number Is Not Acceptable): Hammocks Condo. Assoc., Section IV, Inc.

83 c/o 16 Church St.

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: X [signature] Pres. 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	SD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MERCER, FLORENCE		1.2 NAME	Bud Daw	
STREET ADDRESS	7442 OAK MOSS DRIVE		1.3 STREET ADDRESS	7338 Oak Moss Dr.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEGUS, BARBARA		2.2 NAME		
STREET ADDRESS	7254 OAK MOSS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSENZWEIG, DAVID		3.2 NAME		
STREET ADDRESS	7269 OAK MOSS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAAS, ARTHUR		4.2 NAME		
STREET ADDRESS	7331 OAK MOSS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNER, DONALD		5.2 NAME		
STREET ADDRESS	7363 SILVER FERN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, KEITH J		6.2 NAME		
STREET ADDRESS	16 CHURCH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL		6.4 CITY-ST-ZIP		

14. 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 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: X [signature] DAVID Rosenzweig 4/18/98 (941) 379-9217

DATE / Daytime Phone Number

CR2E037 (10/97)