

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90133 044 ****61.25

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DOCUMENT # N04178

1. Corporation Name

**THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION IV
, INC.**

Principal Place of Business

16 CHURCH STREET
OSPREY FL 34229
US

Mailing Address

16 CHURCH ST
OSPREY FL 34229
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/13/1984

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

9. Name and Address of Current Registered Agent

ROSENZWEIS, DAVID
HAMMOCKS CONDO. ASSOC., SECTION IV, INC.
16 CHURCH STREET
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name **DAVID ROSENZWEIS**
82 Street Address (P.O. Box Number is Not Acceptable)
HAMMOCKS Condo Assoc. Sect IV
83 **16 Church St.**
84 City **Osprey** 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

David Rosenzweig, President

4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **MERCER, FLORENCE**
STREET ADDRESS **7442 OAK MOSS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE
NAME **NEGUS, BARBARA**
STREET ADDRESS **7254 OAK MOSS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE
NAME **ROSENZWEIG, DAVID**
STREET ADDRESS **7269 OAK MOSS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **DARV, BOB**
STREET ADDRESS **7338 OAK MOSS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **BERNER, DONALD**
STREET ADDRESS **7363 SILVER FERN BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **ASD** ☐ DELETE
NAME **LLOYD, KEITH J**
STREET ADDRESS **16 CHURCH ST**
CITY-ST-ZIP **OSPREY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **LAWRENCE SINGER** ☐ Change ☒ Addition
1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **7442 Oak Moss Dr.**
1.4 CITY-ST-ZIP **Sarasota FL 34241**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **BUD DAW**
4.3 STREET ADDRESS **7338 Oak Moss**
4.4 CITY-ST-ZIP **Sarasota FL 34241**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

941 966 6844

Daytime Phone #

CR2E037 (1/98)