

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04178

1. Entity Name

THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION IV

Principal Place of Business

16 CHURCH STREET
OSPREY FL 34229
US

Mailing Address

16 CHURCH ST
OSPREY FL 34229-9349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2506983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROSENZWEIS, DAVID~~

Haas, Art
HAMMOCKS CONDO. ASSOC., SECTION IV, INC.
16 CHURCH STREET
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.

SIGNATURE

Art Haas President

Arthur Haas

4/11/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SENGER, LAWRENCE	7221 OAK MOSS DR	SARASOTA FL 34241	☐
TD	NEGUS, BARBARA	7254 OAK MOSS DRIVE	SARASOTA FL	☒
PD	ROSENZWEIG, DAVID	7269 OAK MOSS DRIVE	SARASOTA FL	☐
D	DAW, BUD	7338 OAK MOSS	SARASOTA FL 34241	☒
VD	BERNER, DONALD	7363 SILVER FERN BLVD	SARASOTA FL	☐
ASD	LLOYD, KEITH J	16 CHURCH ST	OSPREY FL	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TD	ROSENZWEIG, DAVID	7269 OAK MOSS DR.	SARASOTA, FL	☒
PD	Haas, Art	7351 OAK MOSS DR.	SARASOTA, FL	☐
SD	Barbara Koerner	7379 OAK MOSS DR	SARASOTA, FL	☒
				☐
				☐
				☐

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:

ARTHUR HAASE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

371-0706

Daytime Phone #

CR2F037 (3/99)