

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90063 005 ****61.25

DOCUMENT # N04178

1. Entity 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

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

**KOEINER, BARBARA
HAMMOCK COND ASSOC SEC IV INC
16 CHURCH STREET
OSPREY FL 34229**

Name **Lawrence Senger**

Street Address (P.O. Box Number is Not Acceptable)

**110 Lighthouse mgmt
116 Church St.**

City

Osprey,

FL

Zip Code **34229**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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 **TD** ☐ Delete
NAME **SENGER, LAWRENCE**
STREET ADDRESS **7221 OAK MOSS DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **SD** ☐ Change ☒ Addition
NAME **Lida Wright**
STREET ADDRESS **7421 OAK MOSS DR**
CITY-ST-ZIP **Sarasota FL 34241**

TITLE **SD** ☒ Delete
NAME **CLARK, SARA L**
STREET ADDRESS **7313 OAK LEAF WAY**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MALTZ, SEYMOUR**
STREET ADDRESS **7477 OAK MOSS DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **KOERNER, BARBARA**
STREET ADDRESS **7379 OAK MOSS DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 (941) 379-6108

CR2E037 (9/01)