

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90075 048 \*\*\*\*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**

00000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2506983**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SENGER, LAWRENCE  
C/O LIGHTHOUSE MGMT  
16 CHURCH STREET  
OSPREY, FL 34229**

Name **LAWRENCE SENGER**

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

**7221 OAK MOSS DR**

City **SARASOTA**

FL

Zip Code **34241**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lawrence Senger*

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

(NOTE: Registered Agent signature required when reinstating)

4/11/07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Larry Senger**  
STREET ADDRESS **7221 Oak Moss Drive**  
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **SD** ☒ Delete  
NAME **WRIGHT, LIDA**  
STREET ADDRESS **7421 OAK MOSS DR.**  
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Alan Kuhardh**  
STREET ADDRESS **7455 Oak Moss Drive**  
CITY-ST-ZIP **Sarasota, FL 34241**

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

TITLE **ROD ELLIS (Director)** ☐ Change ☒ Addition  
NAME **7340 Oak Moss Dr.**  
STREET ADDRESS **Sarasota, FL 34241**

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

TITLE **VPD** ☒ Delete  
NAME **BELLINGER, ROBERT**  
STREET ADDRESS **7267 OAK MASS DR**  
CITY-ST-ZIP **SARASOTA, FL 34241**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

*Lawrence F. Senger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07  
Date

941-379-6108  
Daytime Phone #