2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009299

1. Entity Name
THE HAMMOCKS-PRESERVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90011 026 ****61.25

40046601

1801 GLENGARY STREET SARASOTA, FL 34231 US		18	1801 GLENGARY STREET SARASOTA, FL 34231 US					 		a rama ribia ibila i	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01242008	Chg-NP	CR2	E037 (12/06)	
City & State			City & State				4. FEI Numbe 03-0604			<u> </u>	pplied For
Zip Country			Zip		Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent							7. Name and	Address of Ne	w Registere	d Agent	*
PROGRES	SSIVE COMMUNITY I			Name							
1801 GLENGARY STREET SARASOTA, FL 34231			Street Address			Idress (i	ss (P.O. Box Number is Not Acceptable)				
	:				City Zip Code						
			·						F	L	
	e named entity submits this s tions of registered agent.	statement for the pu	rpose of changing its	registered	office or	register	ed agent, or bot	h, in the State o	f Florida. I a	ım familiar with	, and accept
I ie ooliga	ions or registered agent.										
CICLIATION											
SIGNATURE	Signature, typed or printed name of n	egistered agent and title if	applicable. (NOTE	: Registered A	ont signatur	re required	when reinstating)	 -	DAT	E	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May B			eck payable to partment of S	. " .
10.	10. OFFICERS AND DIRECTORS			11.		-	ADDITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTORS II	N 10
IIILE	DP		☐ Delete	TITLE						☐ Change	Addition
NAME	MERRILL, RANDOLPH		NAME								
STREET ADDRESS 1408 N WESTSHORE BLVD. SUITE 116 CITY-ST-ZIP TAMPA, FL 33607			6	STREET Caty-St	ADORESS T-ZIP						
TITLE	DVPS		☐ Delete	TITLE		YPD)			Change	Addition
NAME	SAAD			NAME		SAA	ID, STEL	UART			
STREET ADDRESS	1				ADDRESS		•				
CITY-ST-ZIP				CITY-S1-ZIP							
TITLE	DT SAAD, SHARON H		Delete	MLE		547) 0 . ∧ (1) ≤	A CARL	ÓN	☐ Change	Addition
NAME STREET ADDRESS	STREET ADDRESS 1408 N WESTSHORE BLVD. SUITE 116			NAME Street add		M/III	MARLOWE, G. CARLION Change MARLOWE, G. CARLION # 104				
CITY-ST-ZIP	1			CITY-ST-ZIP E.J.			اروسوه	D EI	3422	u/	
TITLE	AS		☐ Delete	ΠILE		_ , , , , ,		- , ' -	٠,٣٥	□ Change	☐ Addition
NAME	MARKEL, JIM			NAME							
STREET ADDRESS	1801 GLENGARY STR				ADORESS						
CITY-ST-ZIP	SARASOTA, FL 3423	i		CITY-ST	T-ZRP						
TITLE	AT SUTTON WILLIAM		☐ Delete	TITLE						Change	■ Addition
NAME STREET ADDRESS	SUTTON, WILLIAM 1801 GLENGARY STR	FFT		NAME	ADORESS						
CITY-ST-ZIP	SARASOTA, FL 3423			CITY-ST							
				-							
TITLE			☐ Delete	TITLE						Change	Addition
NAME			☐ Delete	TITLE NAME						Change	Addition
1			☐ Delete	NAME	ADDRESS					Change	Addition

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 attact fragnit with an address, with all other like information.

SIGNATURE:

ANGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim

<u>941-921-5393</u>