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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N41707** (3)  
1. Corporation Name  
**HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**PEPPERTREE DR FT. MYERS FL 33908 US** **PO BOX 8126 FT. MYERS FL 33908 US**

3. Date Incorporated or Qualified  
**01/16/1991**

4. FEI Number **65-0311980** 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**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent  
**ADAMS, JOSEPH E. ESO  
% BECKER & POLIAKOFF, PA  
13515 BELL TOWER DR., STE 101  
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PT Peart, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BOSSMAN, ROBER</del>	1.2 NAME	5452 Peppertree Dr
STREET ADDRESS	5472 PEPPERTREE DR	1.3 STREET ADDRESS	Fort Myers FL 33908
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD Murray, Barbara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTHE, RAYMOND	2.2 NAME	5450 Peppertree Dr
STREET ADDRESS	PO BOX 08097 N/A	2.3 STREET ADDRESS	Em 33908
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D Wilson, Mae Belle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART, GEORGE	3.2 NAME	5450 Peppertree Dr.
STREET ADDRESS	5452 PEPPERTREE DR	3.3 STREET ADDRESS	Em 33908
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: George Peart 2-7-98 (941) 489-3495

CR2E037 (10/97)