

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

0004734

03-29-2001 91013 021 \*\*\*\*61.25

**DOCUMENT # N41707**

1. Entity 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

2. Principal Place of Business

**C10**

Suite, Apt. #, etc.

**Pepitone Realty Mgmt. Svcs. Corp.  
 4210 Metro Parkway, Suite 240**

City & State

**Fort Myers, FL 33916**

Zip

Country

4. FEI Number

**65-0311980**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

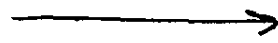


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ADAMS, JOSEPH E. ESQ  
 % BECKER & POLIAKOFF, PA  
 13515 BELL TOWER DR., STE 101  
 FORT MYERS FL 33907~~



**Pepitone Realty Mgmt. Svcs. Corp.  
 4210 Metro Parkway, Suite 240  
 Fort Myers, FL 33916**

**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

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

**Thomas Pepitone**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-20-01**

**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	<b>ST LISOLA, MARY LOU 5450 PEPPERTREE DR FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SWEENEY, LINDA 5470 PEPPERTREE DR FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BINION, PAMELA 5412 PEPPERTREE DR FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF A SIGNING OFFICER OR DIRECTOR**  
**Thomas Pepitone**

**MANAGER**

**3-20-01**

**941-274  
 9101**

Date

Daytime Phone #

CR2E037 (10/00)