

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005479

1. Entity Name

HAMMOCK GREENS II AT PELICAN SOUND CONDOMINIUM A

Principal Place of Business

24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134-4920

2. Principal Place of Business

20810 Hammock
Suite, Apt. #, etc. GREEN LANE

3. Mailing Address

PO Box 9709
Suite, Apt. #, etc.

City & State

ESTERO FL

City & State

NAPLES FL

4. FEI Number

65-0809280

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

34101-9709

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIAN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Leo F Williams
Street Address (P.O. Box Number is Not Acceptable)
709 103 AVENUE NORTH
City NAPLES FL Zip Code 34108

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

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

TITLE	DP	☒ Delete
NAME	FLINN, MILTON G	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DVS	☒ Delete
NAME	BLAIR, YVONNE	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	☒ Delete
NAME	GUIDO, PHILIP	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Change ☒ Addition
NAME	YOKUM, ELIZABETH	
STREET ADDRESS	20810 HAMMOCK GREENS LANE #202	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DV	☐ Change ☒ Addition
NAME	SYRETT, Sunny	
STREET ADDRESS	20810 HAMMOCK GREENS LANE #301	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DS	☐ Change ☒ Addition
NAME	WALTON, ROBERT	
STREET ADDRESS	20810 HAMMOCK GREENS LANE #306	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DT	☐ Change ☒ Addition
NAME	Conerrie, Anthony	
STREET ADDRESS	20810 HAMMOCK GREENS LANE #205	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		☐ Change ☐ Addition
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 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

Sunny Syrett 4-21-00

Date

314-984-0129

941-944-2934

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90312 021 ****61.25