2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

75 VINEYARDS BLVD NAPLES, FL 34119

DOCUMENT # N03000008088

Principal Place of Business

2. Principal Place of Business

75 VINEYARDS BLVD

NAPLES, FL 34119

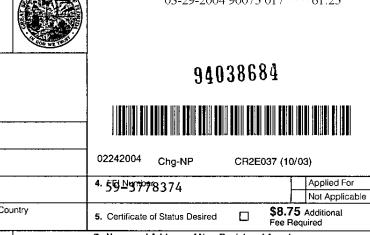
Suite, Apt. #, etc.

HAMMOCK ISLES ESTATES HOMEOWNERS' ASSOCIATION, INC.



FILED Mar 29, 2004 8:00 am **Secretary of State**

03-29-2004 90075 017 ****61.25



City & State City & State Zip Country Ζip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 75 VINEYARDS BLVD NAPLES, FL 34119 Zio 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Change ☐ Addition SAADEH, MICHEL NAME NAME STREET ADDRESS 75 VINEYARDS BLVD STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP CiTY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE ROGERS, ROBERT F NAME NAME STREET ADDRESS 75 VINEYARDS BLVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE PROCACCI, MICHAEL NAME NAME STREET ADDRESS 75 VINEYARDS BLVD STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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: .