


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008088
 1. Entity Name
 HAMMOCK ISLES ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 75 VINEYARDS BLVD 3RD FLOOR NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD 3RD FLOOR NAPLES, FL 34119
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07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3778374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PROPERTY MANAGEMENT PROFESSIONALS
 75 VINEYARDS BLVD
 3RD FLOOR
 NAPLES, FL 34119

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAADEH, MICHEL 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, ROBERT F 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD NAPLES, FL 34119
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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 attachment with an address, with all other like empowered.

SIGNATURE: Michel Saadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____