

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008088

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: HAMMOCK ISLES ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119

**New Principal Place of Business:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119 US

**Current Mailing Address:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119

**New Mailing Address:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119 US

FEI Number: 59-3778374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT PROFESSIONALS  
75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SAADEH, MICHEL  
Address: 75 VINEYARDS BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: ROGERS, ROBERT F  
Address: 75 VINEYARDS BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: PROCACCI, MICHAEL  
Address: 45 VINEYARD BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SAADEH, MICHEL  
Address: 75 VINEYARDS BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119 US

Title: D (X) Change ( ) Addition  
Name: ROGERS, ROBERT F  
Address: 75 VINEYARDS BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119 US

Title: D (X) Change ( ) Addition  
Name: PROCACCI, MICHAEL  
Address: 45 VINEYARD BLVD, 5TH FL  
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL SAADEH

P

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date