

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008088

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**9267666837CC**

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

**Current Principal Place of Business:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119

**Current Mailing Address:**

75 VINEYARDS BLVD  
3RD FLOOR  
NAPLES, FL 34119 US

**FEI Number: 59-3778374**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALMOND, ROBERT  
Address        75 VINEYARDS BLVD., THIRD FLOOR  
City-State-Zip: NAPLES FL 34119

Title            VP  
Name            CHAMBERS, STEVE  
Address        75 VINEYARDS BLVD., THIRD FLOOR  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            TAMUCCIO, JIM  
Address        75 VINEYARDS BLVD., THIRD FLOOR  
City-State-Zip: NAPLES FL 34119

Title            TREASURER  
Name            LABARCA, JOHN  
Address        75 VINEYARDS BLVD., THIRD FLOOR  
City-State-Zip: NAPLES FL 34119

Title            SECRETARY  
Name            O'RIORDAN, THOMAS  
Address        75 VINEYARDS BLVD., THIRD FLOOR  
City-State-Zip: NAPLES FL 34119

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT ALMOND**

**PRESIDENT**

**02/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date