


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90575 021 ****61.25

DOCUMENT # N03000008079 1. Entity Name HAMMOCK ISLES VILLAS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119		Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119	
2. Principal Place of Business 75 Vineyards Boulevard		3. Mailing Address 75 Vineyards Boulevard	
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor	
City & State Naples, FL		City & State Naples, FL	
Zip 34119	Country	Zip 34119	Country
4. FEI Number 59-3778378		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent ROGERS, ROBERT F 75 VINEYARDS BLVD. NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Property Management Professionals Street Address (P.O. Box Number is Not Acceptable) 75 Vineyards Boulevard 3rd Floor City Naples, FL 34119	
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 <u><i>Michael Elliott</i></u> 4/06/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAADEH, MICHEL 75 VINEYARDS BLVD. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, ROBERT F 75 VINEYARDS BLVD. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Michael Sada</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/06/05 (239) 353-1992 <small>Daytime Phone #</small>	