2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008079

FILED Jan 30, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
RD FLOO	ARDS BLVD. DR FL 34119			
Current Mailing Address:		New Mailing Addres	ss:	
RD FLOO	ARDS BLVD. DR FL 34119			
El Number	: 59-3778378	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	SW FLORIDA, II			
RD FLOO APLES, he above the State	FL 34119 US named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
RD FLOO APLES, he above the State	OR FL 34119 US named entity s e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agr		ed office or registered agent, or both, Date
RD FLOO APLES, he above the State	OR FL 34119 US named entity s e of Florida. RE:	ic Signature of Registered Ago	ent	ed office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR
RD FLOO APLES, he above the State	OR FL 34119 US named entity selectron Electron S AND DIRECT	ic Signature of Registered Ago FORS: Delete EL BLVD.	ent	Date
RD FLOO APLES, ne above the State GNATUI FFICER lee: ame: Idress:	PR FL 34119 US named entity see of Florida. RE: Electron S AND DIRECTOR SAADEH, MICHI 75 VINEYARDS NAPLES, FL 34	ic Signature of Registered Age FORS: Delete BLVD. 1119 Delete ERT F BLVD.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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 D 01/30/2009