



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90575 024 \*\*\*\*61.25

<b>DOCUMENT # N03000008080</b> 1. Entity Name <b>HAMMOCK ISLES MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>75 VINEYARDS BLVD. NAPLES, FL 34119</b>			Mailing Address <b>75 VINEYARDS BLVD. NAPLES, FL 34119</b>		
2. Principal Place of Business <b>75 Vineyards Boulevard</b> Suite, Apt. #, etc. <b>3rd Floor</b>		3. Mailing Address <b>75 Vineyards Boulevard</b> Suite, Apt. #, etc. <b>3rd Floor</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>59-3778382</b>	
Zip <b>34119</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROGERS, ROBERT F 75 VINEYARDS BLVD. NAPLES, FL 34119</b>				7. Name and Address of New Registered Agent Name <b>Property Management Professionals</b> Street Address (P.O. Box Number is Not Acceptable) <b>75 Vineyards Boulevard</b> <b>3rd Floor</b> City <b>Naples, FL</b> Zip Code <b>34119</b>	
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 <i>Michael Ellert</i> Signature, typed or printed name of registered agent and title if applicable. <b>Michael Ellert</b>				DATE <b>4/06/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing -Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SAADEH, MICHEL</b> <b>75 VINEYARDS BLVD.</b> <b>NAPLES, FL 34119</b> <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 <b>ROGERS, ROBERT F</b> <b>75 VINEYARDS BLVD.</b> <b>NAPLES, FL 34119</b> <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 <b>PROCACCI, MICHAEL</b> <b>75 VINEYARDS BLVD.</b> <b>NAPLES, FL 34119</b> <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Michael Sander</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>4/06/05</b>	
				DAYTIME PHONE # <b>(239) 353-1992</b>	