

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

DOCUMENT # N03000008080		
1. Entity Name HAMMOCK ISLES MASTER ASSOCIATION, INC.		

Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119
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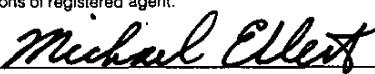
2. Principal Place of Business 75 Vineyards Boulevard Suite, Apt. #, etc. 3rd Floor	3. Mailing Address 75 Vineyards Boulevard Suite, Apt. #, etc. 3rd Floor
City & State Naples, FL	City & State Naples, FL
Zip 34119	Zip 34119

4. FEI Number 59-3778382	Applied For 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 Zip Code 34119
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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.

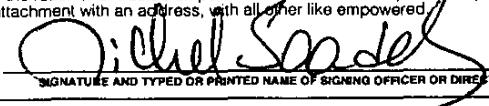
4/06/05

SIGNATURE 	DATE	
Signature, typed or printed name of registered agent and title if applicable. Michael Ellert	(NOTE: Registered Agent signature required when reinstating)	
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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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.

4/06/05. (239) 353-1992

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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