
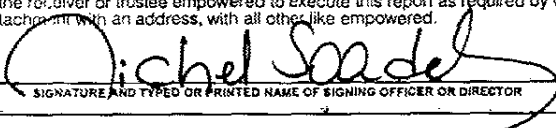


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 16, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03000008080</b> 1. Entity Name <b>HAMMOCK ISLES MASTER ASSOCIATION, INC.</b>		
Principal Place of Business <b>75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 US</b>	Mailing Address <b>75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PROPERTY MANAGEMENT PROFESSIONALS 75 VINEYARDS BLVD. 3RD FLOOR NAPLES, FL 34119</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAADEH, MICHEL 75 VINEYARDS BLVD. NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, ROBERT F 75 VINEYARDS BLVD. NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD. NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3778382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000768933  
07/16/07-80007-012 61.25

**DO NOT WRITE  
IN THIS SPACE**