

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

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

<b>DOCUMENT # N03000008089</b>	
1. Entity Name HAMMOCK ISLES CUSTOM HOMES HOMEOWNERS' ASSOCIATION, INC.	
Principal Place of Business 75 VINEYARD BLVD 3RD FLOOR NAPLES, FL 34119	Mailing Address 75 VINEYARD BLVD 3RD FLOOR NAPLES, FL 34119



07092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3778367	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  PROPERTY MGMT PROFESSIONALS 75 VINEYARDS BLVD 3RD FLOOR NAPLES, FL 34119
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAADEH, MICHEL 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROGERS, ROBERT F 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROCACCI, MICHAEL F 75 VINEYARDS BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/16/07-80007-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Michel Saadeh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_