

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 029 ****61.25

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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**

DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number

59-3778367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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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 May 1, 2008**

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., 5TH FL
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROGERS, ROBERT F
75 VINEYARDS BLVD., 5TH FL
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PROCACCI, MICHAEL F
75 VINEYARDS BLVD., 5TH FL
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

Date

(239) 353-1551

Daytime Phone #