

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000311

1. Entity Name

THE HAMMOCKS PROTECTIVE ASSOCIATION, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90051 047 \*\*\*\*61.25

Principal Place of Business

C/O BLANKEN  
1778 MAPLEWOOD CIRCLE  
COCONUT CREEK FL 33063

Mailing Address

C/O BLANKEN  
1778 MAPLEWOOD CIRCLE  
COCONUT CREEK FL 33063-3805

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0550030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLANKEN, MARY  
C/O BLANKEN  
1778 MAPLEWOOD CIRCLE  
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME BROWN-WRIGHT, YVONNE  
STREET ADDRESS 4809 NW 19TH ST  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE SD ☐ Delete  
NAME NATKE, SHIRLEY  
STREET ADDRESS 1816 HAMMOCK BLVD.  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE TD ☐ Delete  
NAME BLANKEN, MARY  
STREET ADDRESS 1778 MAPLEWOOD CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME HEATH, PISCILELLI  
STREET ADDRESS 2001 N.W. 49TH AVE  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MARY BLANKEN  
Mary Blanken  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 954-  
779-5985  
Date Daytime Phone #

CR2F037 (9/99)