

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000311

1. Entity Name

THE HAMMOCKS PROTECTIVE ASSOCIATION, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90216 030 ****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
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LUU33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40 DAVID SCHUMAN Suite, Apt. #, etc. 1800 SATINWOOD CIRCLE City & State COCONUT CREEK, FL. Zip 33063 Country BROWARD	3. Mailing Address 40 DAVID SCHUMAN Suite, Apt. #, etc. 1800 SATINWOOD CIRCLE City & State COCONUT CREEK, FL. Zip 33063 Country BROWARD
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4. FEI Number 65-0550030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 SCHUMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 1800 SATINWOOD CIRCLE City COCONUT CREEK FL Zip Code 33063
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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.

SIGNATURE David Schuman DAVID SCHUMAN TREASURER 3/12/01
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISCILELLI, HEATH 2001 NW 49TH AVENUE COCONUT CREEK FL 33063 <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	SD NATKE, SHIRLEY 1816 HAMMOCK BLVD. COCONUT CREEK FL 33063 <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	TD BLANKEN, MARY 1778 MAPLEWOOD CIRCLE COCONUT CREEK FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMAN, DAVID 1800 SATINWOOD CIRCLE COCONUT CREEK, FL 33063 <input type="checkbox"/> Change <input checked="" 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
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.

SIGNATURE: David Schuman DAVID SCHUMAN 3/12/01 (954) 971-8316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)