

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000311

FILED  
Apr 16, 2002 8:00 AM  
Secretary of State

Entity Name: THE HAMMOCKS PROTECTIVE ASSOCIATION, INC.

## Current Principal Place of Business:

C/O DAVID SCHUMAN  
1800 SATINWOOD CIRCLE  
COCONUT CREEK, FL 33063

## New Principal Place of Business:

4750 SATINWOOD TRAIL  
COCONUT CREEK, FL 33063

## Current Mailing Address:

C/O DAVID SCHUMAN  
1800 SATINWOOD CIRCLE  
COCONUT CREEK, FL 33063

## New Mailing Address:

C/O E. BOYARS  
PO BOX 934236  
MARGATE, FL 330934236 US

FEI Number: 65-0550030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUMAN, DAVID  
1800 SATINWOOD CIRCLE  
COCONUT CREEK, FL 33063 US

## Name and Address of New Registered Agent:

BOYARS, EUGENE  
1809 TAMARIND LANE  
COCONUT CREEK, FL 33063 US

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: EUGENE BOYARS

04/16/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PISCILELLI, HEATH  
Address: 2001 NW 49TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD ( ) Delete  
Name: NATKE, SHIRLEY  
Address: 1816 HAMMOCK BLVD.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD ( ) Delete  
Name: SCHUMAN, DAVID  
Address: 1800 SATINWOOD CIRCLE  
City-St-Zip: COCONUT CREEK, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAHADEO, GARY  
Address: 1921 NW 46TH DRIVE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SDV (X) Change ( ) Addition  
Name: D'ADDARIO, LEONARD  
Address: 1832 HAMMOCK BLVD.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD (X) Change ( ) Addition  
Name: BOYARS, EUGENE  
Address: 1809 TAMARIND LANE  
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE BOYARS

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04/16/2002

Electronic Signature of Signing Officer or Director

Date