

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000311

FILED  
May 04, 2007  
Secretary of State

**Entity Name:** THE HAMMOCKS PROTECTIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

4750 SATINWOOD TRAIL  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0550030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

TD

05/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date