

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# 754094

Entity Name: HANOVER LANDINGS A CONDOMINIUM, INC.

**Current Principal Place of Business:**

% NEW-HEART COMMUNITY MANGEMENT, LLC  
2706 ALT US 19 NORTH, SUITE 215  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

% NEW-HEART COMMUNITY MANGEMENT, LLC  
2706 ALT US 19 NORTH, SUITE 215  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 59-2136630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLENWOOD, WINFRED  
% NEW-HEART COMMUNITY MANAGEMENT, LLC  
2706 ALT US 19 NORTH, SUITE 215  
PALM HARBOR, FL 34683 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: VD ( ) Delete  
Name: KOUSKOUTIS, GEORGE  
Address: 719 HIDDENLAKE DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD ( ) Delete  
Name: HOURDAS, EVANGELINE  
Address: 1723 GULF RD WEST #202  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: MEAD, JON  
Address: 1434 FARRINDON CIR  
City-St-Zip: HEATHROW, FL 32746

**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: JON MEAD

PD

04/29/2008

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

\_\_\_\_\_  
Date