# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2005**
**Secretary of State**

DOCUMENT# N00000005511

**Entity Name:** HOPE GARDENS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1700 MEDICAL LN.
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FORT MYERS COMMUNITY REDEVELOPMENT
1700 MEDICAL LANE
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

COUSLEY, ERICKA B
1700 MEDICAL LN.
FORT MYERS, FL 33907 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: | EXD | ( ) Delete |
| Name: | ADAMS, HARRY G | |
| Address: | 1700 MEDICAL LANE | |
| City-St-Zip: | FORT MYERS, FL 33907 | |
| Title: | PD | ( ) Delete |
| Name: | COUSLEY, ERICKA B | |
| Address: | 1700 MEDICAL LANE | |
| City-St-Zip: | FORT MYERS, FL 33907 | |
| Title: | TD | ( ) Delete |
| Name: | DOOLEY, BONNIE L | |
| Address: | 1700 MEDICAL LANE | |
| City-St-Zip: | FORT MYERS, FL 33907 | |
| Title: | SD | ( ) Delete |
| Name: | RITCHIE, RITA M | |
| Address: | 14718 OLDE MILL POND COURT | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | D | ( ) Delete |
| Name: | WILLIAMS, MARY | |
| Address: | 3501 DALE STREET #C-13 | |
| City-St-Zip: | FORT MYERS, FL 33916 | |

**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: | |
| 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 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: ERICKA COUSLEY PD 04/23/2005

Electronic Signature of Signing Officer or Director — Date