

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005511

FILED
Jan 04, 2006
Secretary of State

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: D (X) Change () Addition
Name: ADAMS, HARRY G
Address: 1700 MEDICAL LANE
City-St-Zip: FORT MYERS, FL 33907

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I hereby certify that the information supplied with this filing does not qualify for the 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: MARY WILLIAMS

O

01/04/2006

Electronic Signature of Signing Officer or Director

Date