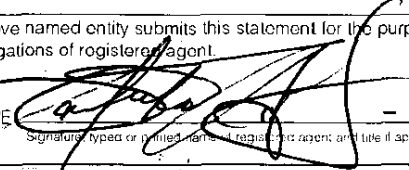
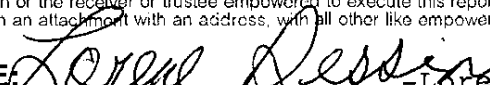


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 029 ****70.00

DOCUMENT # N00000005511 1. Entity Name HOPE GARDENS OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1700 MEDICAL LN. FORT MYERS FL 33907				Mailing Address C/O FORT MYERS COMMUNITY REDEVELOPMENT 1700 MEDICAL LANE FORT MYERS FL 33907	
2. Principal Place of Business - No P.O. Box # 3272 Willin Street Suite, Apt. #, etc. N/A		3. Mailing Address P.O. Box 1163 Suite, Apt. #, etc. N/A			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 56-2624335 ☒ Applied For NO-T APPLICABLE ☒ Not Applicable	
Zip 33916	Country USA	Zip 33902	Country USA	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COUSLEY, ERICKA B 1700 MEDICAL LN. FORT MYERS FL 33907				7. Name and Address of New Registered Agent Name Carletha E. Griffin Street Address (P.O. Box Number is Not Acceptable) 3200 Willin Street City Fort Myers FL Zip Code 33916	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  - Carletha E. Griffin, Asst. Treasurer 4/25/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D ☒ Delete NAME ADAMS, HARRY G STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FORT MYERS FL 33907	TITLE Pd ☒ Change ☐ Addition NAME Lorene Dessin STREET ADDRESS 3272 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
TITLE PD ☒ Delete NAME COUSLEY, ERICKA B STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FORT MYERS FL 33907	TITLE VD ☒ Change ☐ Addition NAME Walter Joyce STREET ADDRESS 3208 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
TITLE TD ☒ Delete NAME COOLEY, BONNIE L STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FORT MYERS FL 33907	TITLE TD ☒ Change ☐ Addition NAME Robert Hall, Jr. STREET ADDRESS 3265 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
TITLE SD ☒ Delete NAME RITCHIE, RITA M STREET ADDRESS 14718 OLDE MILL POND COURT CITY-ST-ZIP FORT MYERS FL 33908	TITLE SD ☒ Change ☐ Addition NAME Shirley Burnett STREET ADDRESS 3240 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
TITLE D ☒ Delete NAME WILLIAMS, MARY STREET ADDRESS 3501 DALE STREET #C-13 CITY-ST-ZIP FORT MYERS FL 33916	TITLE D ☒ Change ☐ Addition NAME Pamela Rahming STREET ADDRESS 3220 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
TITLE D/AT ☐ Delete NAME Carletha E. Griffin STREET ADDRESS 3200 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601	TITLE D/AT ☐ Change ☒ Addition NAME Carletha E. Griffin STREET ADDRESS 3200 Willin Street CITY-ST-ZIP Fort Myers, FL 33916-5601				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Lorene Dessin April 25, 2007 (239) 334- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					