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	Mailing Address
1700 MEDICAL LN. FORT MYERS FL 33907	C/O FORT MYERS COMMUNITY REDEVELOPME 1700 MEDICAL LANE FORT MYERS FL 33907

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3272 Willin Street	P.O. Box 1163
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33916 Country: USA	Zip: 33902 Country: USA

4. FEI Number 56-2624335 NOT APPLICABLE — XX Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COUSLEY, ERICKA B 1700 MEDICAL LN. FORT MYERS FL 33907	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 reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, HARRY G 1700 MEDICAL LANE FORT MYERS FL 33907	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lorene Dessin 3272 Willin Street Fort Myers, FL 33916-5601	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COUSLEY, ERICKA B 1700 MEDICAL LANE FORT MYERS FL 33907	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Walter Joyce 3208 Willin Street Fort Myers, FL 33916-5601	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOOLEY, BONNIE L 1700 MEDICAL LANE FORT MYERS FL 33907	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Robert Hall, Jr. 3265 Willin Street Fort Myers, FL33916-5601	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RITCHIE, RITA M 14718 OLDE MILL POND COURT FORT MYERS FL 33908	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Shirley Burnett 3240 Willin Street Fort Myers, FL 33916-5601	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARY 3501 DALE STREET #C-13 FORT MYERS FL 33916	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pamela Rahming 3220 Willin Street Fort Myers, FL 33916-5601	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/AT Carletha E. Griffin 3200 Willin Street Fort Myers, FL 33916-5601	☐ Change XX Addition

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 Lorene Dessin April 25, 2007 (239)334-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #