2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N00000005511

Entity Name: HOPE GARDENS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3272 WILLIN ST.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61604
FORT MYERS, FL 339061604

New Mailing Address:

FEI Number: 56-2624335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRIFFIN, CARLETHA E
3200 WILLIN ST.
FORT MYERS, FL 33916 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: PD ( ) Delete
Name: DESSIN, LORENE
Address: 3272 WILLIN ST.
City-St-Zip: FORT MYERS, FL 339165601

Title: VD ( ) Delete
Name: JOYCE, WALTER
Address: 3208 WILLIN ST.
City-St-Zip: FORT MYERS, FL 339165601

Title: TD ( ) Delete
Name: HALL, ROBERT JR.
Address: 3265 WILLIN ST.
City-St-Zip: FORT MYERS, FL 339165601

Title: D ( ) Delete
Name: RAHMING, PAMELA
Address: 3220 WILLIN ST.
City-St-Zip: FORT MYERS, FL 339165601

Title: DAT ( ) Delete
Name: GRIFFIN, CARLETHA E
Address: 3200 WILLIN ST.
City-St-Zip: FORT MYERS, FL 339165601

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 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: CARLETHA E. GRIFFIN DAT 02/26/2009

Electronic Signature of Signing Officer or Director — Date