


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90321 006 \*\*\*\*61.25

**DOCUMENT # N05000007668**

1. Entity Name  
**THE HOOD ROAD CENTRE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3555 NORTHLAKE BLVD.  
 PALM BEACH GARDENS, FL 33403**

Mailing Address  
**3555 NORTHLAKE BLVD.  
 PALM BEACH GARDENS, FL 33403**

2. Principal Place of Business  
**5220 Hood Road**

3. Mailing Address  
**5220 Hood Road**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33418**

Country

Zip  
**33418**

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**06-1758187**

Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**GAETA, NEIL J  
 3555 NORTHLAKE BLVD.  
 PALM BEACH GARDENS, FL 33403**

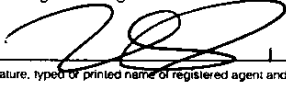
**7. Name and Address of New Registered Agent**

Name **Gaeta, Neil, J.**

Street Address (P.O. Box Number is Not Acceptable)  
**5220 Hood Road, Suite 100**

City **Palm Beach Gardens, FL** Zip Code **33418**

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  **Vice President** DATE **4/4/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAETA, LOUIS A JR. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAETA, NEIL J JR. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TREZZA, ARLINE R 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Vice President** DATE **4/4/06** (561) 627-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #