

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007668

FILED  
Apr 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 06-1758187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAETA, KRISTEN T  
5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418 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: SD  
Name: GAETA, KRISTEN T  
Address: 5220 HOOD RD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P  
Name: MASON, CRAIG M  
Address: 5220 HOOD RD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: LABOVICK, BRIAN  
Address: 5220 HOOD ROAD STE 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD  
Name: GAETA, BARBARA A  
Address: 5220 HOOD ROAD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T  
Name: TREZZA, ARLINE R  
Address: 5220 HOOD ROAD SUITE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. GAETA

VP

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date