

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90081 049 ****61.25

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1. Entity Name
HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.

50035202

Principal Place of Business
 6965 HUNDRED ACRE DRIVE
 PORT ST JOHN, FL 32927 US

Mailing Address
 P.O. BOX 10113
 PORT ST. JOHN, FL 32927 US



2. Principal Place of Business
6850 SWEET BAY CT.

Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State
COCOA FL

City & State

4. FEI Number
59-3480943

Applied For
 Not Applicable

Zip
32927

Country

Zip

Country

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

6. Name and Address of Current Registered Agent
PAUL RAGONA
6850 SWEET BAY COURT
COCOA, FL 32927

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 **PD** Delete
 NAME **RAGONA, PAUL**
 STREET ADDRESS **6850 SWEET BAYCT.**
 CITY-ST-ZIP **COCOA, FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **TURNER, ERNEST**
 STREET ADDRESS **6920 HUNDRED ACRE DR.**
 CITY-ST-ZIP **PORT ST. JOHN, FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HERRING, JEFFREY S**
 STREET ADDRESS **6925 HUNDRED ACRE DR**
 CITY-ST-ZIP **COCOA, FL 32927**

TITLE **SD** Change Addition
 NAME **PANTANO, STEVE**
 STREET ADDRESS **6915 HUNDRED ACRE DR**
 CITY-ST-ZIP **COCOA, FL 32927**

TITLE **TD** Delete
 NAME **PAUL, MAUREEN R**
 STREET ADDRESS **6665 HUNDRED ACRE DR**
 CITY-ST-ZIP **COCOA, FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maureen R Paul **MAUREEN PAUL** 4/5/05 (321) 632-1340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #