

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001190 1. Entity Name HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.	
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Principal Place of Business 6850 SWEET BAY CT COCOA, FL 32927 US	Mailing Address P.O. BOX 10113 PORT ST. JOHN, FL 32927 US
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3480943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL RAGONA
 6850 SWEET BAY COURT
 COCOA, FL 32927

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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 _____ DATE _____
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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAGONA, PAUL 6850 SWEET BAYCT. COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, ERNEST 6920 HUNDRED ACRE DR. PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PANTANO, STEVE 6915 HUNDRED ACRE DR COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACOSTA, LOIS 6755 HUNDRED ACRE DR COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/06/07-80029-013 61.25

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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: *Lois Lacoste* 3/29/07 636-6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #