


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001190**  
 1. Entity Name  
**HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.**



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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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

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

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

PAUL RAGONA  
 6850 SWEET BAY COURT  
 COCOA, FL 32927

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000907810  
 05/06/08-80004-002 61.25

**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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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* **4/15/08** **321-6805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Lois Lacoste*