## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007668

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

**FILED** Apr 11, 2013 **Secretary of State** CC9787159596

## **Current Principal Place of Business:**

5220 HOOD ROAD

STE 100

PALM BEACH GARDENS, FL 33418

## **Current Mailing Address:**

5220 HOOD ROAD

STE 100

PALM BEACH GARDENS, FL 33418

FEI Number: 06-1758187 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GAETA, KRISTEN T 5220 HOOD ROAD

STE 100

PALM BEACH GARDENS, FL 33418 US

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

Officer/Director Detail:

Title Title Ρ

Name GAETA, KRISTEN T Name WOMERSLEY, NANCY E 5220 HOOD RD STE 100 5220 HOOD RD STE 100 Address Address

PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 City-State-Zip: City-State-Zip:

**VPD** Title Title

LABOVICK, BRIAN Name GAETA, BARBARA A Name

Address 5220 HOOD ROAD STE 100 Address 5220 HOOD ROAD STE 200

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title

Name TREZZA. ARLINE R

Address 5220 HOOD ROAD SUITE 100

City-State-Zip: PALM BEACH GARDENS FL 33418

**VPD** 

04/11/2013

Date

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.