

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007668

**FILED  
Apr 22, 2015  
Secretary of State  
CC0434575977**

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

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

Title P  
Name WOMERSLEY, NANCY E  
Address 5220 HOOD RD STE 100  
City-State-Zip: PALM BEACH GARDENS FL 33418

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

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

Title T  
Name TREZZA, ARLINE R  
Address 5220 HOOD ROAD SUITE 100  
City-State-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**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date