

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

DOCUMENT# N14000010363

**Entity Name:** HANDS ON PARENT ASSOCIATION INC.

**Current Principal Place of Business:**

16687 JOG RD.  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

16687 JOG RD.  
DELRAY BEACH, FL 33446

**FEI Number: 47-1835049**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIOVINAZZO, SUSAN  
16687 JOG RD.  
DELRAY BEACH, FL 33446 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            D  
Name            GIOVINAZZI, SUSAN  
Address        16687 JOG RD.  
City-State-Zip: DELRAY BEACH FL 33446

Title            D  
Name            GOMEZ, MEAGHAN  
Address        16687 JOG RD.  
City-State-Zip: DELRAY BEACH FL 33446

*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: SUSAN GIOVINAZZO/MEAGHAN GOMEZ**

**DIRECTOR**

**04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date