

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90301 001 \*\*\*306.25

66007517



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1508153

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HAWAIIAN GARDENS PHASE 7 ASSOCIATION  
4705 N.W. 35TH STREET  
LAUDERDALE LAKES, FL 33319

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME NASTRI, MARY  
STREET ADDRESS 3500 NW 18 AVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE VD ☒ Delete  
NAME SESSA, PHYLLIS  
STREET ADDRESS 3500 N W 48TH AVENUE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE VD ☐ Delete  
NAME LEVASSEUR, LOUISE  
STREET ADDRESS 3500 NW 48 AVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE S ☐ Delete  
NAME CLAUDE, MONIQUE  
STREET ADDRESS 3500 N W 48TH AVENUE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE T ☐ Delete  
NAME BOUCHARD, LIETTE  
STREET ADDRESS 3500 NW 48TH AVE  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME GOMEZ, CLARA  
STREET ADDRESS 3500 NW 48 AVENUE  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

MARY NASTRI-President Mary Nastri

Date

Daytime Phone #

APRIL 16, 2008

954-484-3522