

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

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 746510**

1. Entity Name  
**HANOVER EAST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1960 DERBY TRAIL  
WELLINGTON, FL 33414 US**

Mailing Address  
**1960 DERBY TRAIL  
WELLINGTON, FL 33414 US**



01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2442134**

Applied For  
Not Applicable

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

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

**MACKENZIE, HELEN  
1906 DERBY TRAIL  
WELLINGTON, FL 33414**

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

(NOTE: Registered Agent signature required when reinstating)

1/7/08  
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**

000000777393  
01/18/08 80005-020 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLICAN, LINDA D 1906 DERBY TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KRUGER, JEFF 1906 DERBY TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACKENZIE, HELEN 1906 DERBY TRAIL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URLLA, GENA 1918 DERBY TRAIL WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Helen Mackenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/08  
Daytime/Phone #