

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749722

1. Entity Name

HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90003 036 ****61.25

Principal Place of Business

Mailing Address

980 MONTGOMERY ROAD
 APT #3
 ALTAMONTE SPRINGS FL 32716-0580
 US

P.O. BOX 160580
 LONGWOOD FL 32779
 US

2. Principal Place of Business

491 N. S.R. 434

Suite, Apt. #, etc.
 Suite #125

3. Mailing Address

P.O. Box 160580

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Altamonte Springs

City & State
 Altamonte Springs, FL

4. FEI Number
 59-1390598

Applied For
 Not Applicable

Zip
 32714

Country
 USA

Zip
 32716-0580

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANAGA, MERIDYTHE
 980 MONTGOMERY ROAD, #3
 ALTAMONTE SPRINGS FL 32714

Name
 Meridythe Kanaga
 Street Address (P.O. Box Number is Not Acceptable)
 491 N. S.R. 434
 Suite 125
 City Altamonte Springs FL Zip Code 32714

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.

SIGNATURE *Meridythe Kanaga*

Meridythe Kanaga

7/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEBERT, JUDYE 140 SWEET BAY CIRCLE LAKE MARY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERCHUT, ED 133 HICKORY RIDGE CIRCLE LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, HARRY 120 W. GREENTREE LANE LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAILEY, PEGGY 127 W GREENTREE LANE LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, SAM 201 E GREENTREE LANE LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLEE, CHIP 312 LONGFIELD CIRCLE LAKE MARY FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nisi, Frank 118 E. Greentree Lane Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ingwalson, Paul 106 E. Greentree Lane Lake Mary, FL 32716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Ingwalson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Ingwalson, Treas.

7/27/00

Date

Daytime Phone #

CR12E037 (5/00)