

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

0065978

DOCUMENT # 749722

03-19-2002 90005 002 ****61.25

1. Entity Name

HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

491 N. S.R. 434
 STE. #125
 ALTAMONTE SPRINGS FL 32714
 US

P.O. BOX 180580
 ALTAMONTE SPRINGS FL 32716-0580
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1390598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANAGA, MERIDYTHE
491 N. S.R. 434
STE 125
ALTAMONTE SPRINGS FL 32714

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	NISI, FRANK	
STREET ADDRESS	118 E. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERCHUT, ED	
STREET ADDRESS	133 HICKORY RIDGE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, HARRY	
STREET ADDRESS	120 W. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DAILEY, PEGGY	
STREET ADDRESS	127 W GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COX, SAM	
STREET ADDRESS	201 E GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	INGWALSON, PAUL	
STREET ADDRESS	106 E. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL 32716	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

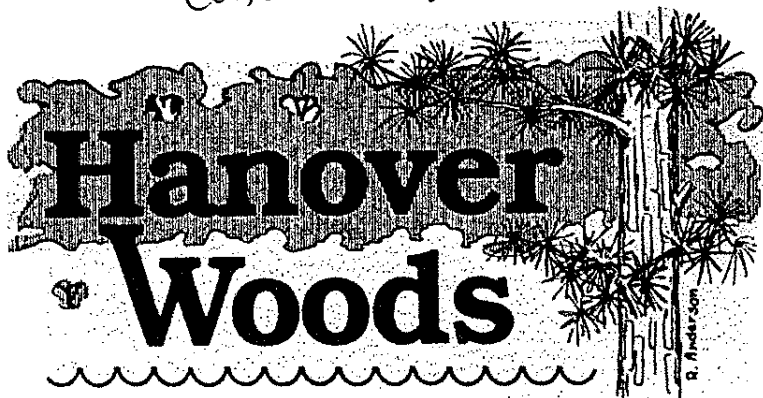
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: Peggy Dailey **Peggy Dailey, Sec.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 **407-862-2292**
Date Daytime Phone #

CR2E037 (9/01)

Attachment/Doc# 749722 513449



March 1, 2002

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

This is page two of our Document #749722 Uniform Business Report for Hanover Woods HOA, Federal ID# 59-1390598 to add one more director to our corporation:

Title: D
Name: Battista, Marge
Address: 107 W. Greentree Lane
City-ST-Zip: Lake Mary, FL 32746

Cc: file

Hanover Woods Homeowners Association, Inc.
Managed by: Mark Management, Inc.,
491 N. S.R. 434, Suite 125, Altamonte Springs, FL 32714-2182
Mailing Address: P.O. Box 160580, Altamonte Springs, FL 32716-0580
Voice: (407) 862-2292 ext. 10 □ Fax: 407/ 862-1819 □ E-Mail: mk@markmgmt.com