

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90013 038 \*\*\*\*61.25

**DOCUMENT # 749722**

1. Entity Name  
**HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 491 N. S.R. 434 STE. #125 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address P.O. BOX 160580 ALTAMONTE SPRINGS, FL 32716-0580 US
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*24005395*



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1390598</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

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

**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 \_\_\_\_\_

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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- IMMING, PETER 307 E GREENTREE LN LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERCHUT, ED 133 HICKORY RIDGE CIRCLE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, HARRY 120 W. GREENTREE LANE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAILEY, PEGGY 127 W GREENTREE LANE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COX, SAM 201 E GREENTREE LANE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAATS, ROBERT 101 W GREENTREE LN LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**

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:** *Robert V. Staats*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/04*

Date

*407-862-2292x10*

Daytime Phone #

*Robert V. Staats, Treasurer*