


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90033 009 ****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		
2. Principal Place of Business 2755 Border Lake Road		3. Mailing Address 2755 Border Lake Road			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Apopka, FL		City & State Apopka, FL			
Zip 32703-4857	Country USA	Zip 32703-4857	Country USA	4. FEI Number 59-1390598	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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) 2755 Border Lake Road, Suite 101 City Apopka FL Zip Code 32703-4857		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMING, PETER		NAME		
STREET ADDRESS	307 E GREENTREE LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCHUT, ED		NAME	Calcutt, Bob	
STREET ADDRESS	133 HICKORY RIDGE CIRCLE		STREET ADDRESS	300 E. Greentree Lane	
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, HARRY		NAME		
STREET ADDRESS	120 W. GREENTREE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, PEGGY		NAME		
STREET ADDRESS	127 W GREENTREE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, SAM		NAME		
STREET ADDRESS	201 E GREENTREE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAATS; ROBERT		NAME		
STREET ADDRESS	101 W GREENTREE LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		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: <i>Peggy Dailey</i>			2/24/05		407-862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT



40033442

February 28, 2005

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 include one more director to our corporation who was on the list last year:

Title: D
Name: Bob Calcutt
Address: 300 E. Greentree Lane
City-ST-Zip: Lake Mary, FL 32746

Cc: file

Hanover Woods Homeowners Association, Inc.
Managed by: Mark Management, Inc.,
2755 Border Lake Road, Suite 101, Apopka, FL 32703-4857
Voice: (407) 862-2292 ext. 1004 □ Fax: 407/ 862-1819 □ E-Mail: mk@markmgmt.com