

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751098

FILED
May 06, 2008
Secretary of State

Entity Name: HATTAWAY RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 GRACE BLVD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

C/O ASC PROPERTY SERVICES INC.
3625 SR 419 SUITE 208
WINTER SPRINGS, FL 32708

Current Mailing Address:

PO BOX 160456
ALTAMONTE SP, FL 32716

New Mailing Address:

C/O ASC PROPERTY SERVICES INC.
PO BOX 196025
WINTER SPRINGS, FL 327196025

FEI Number: 59-2165626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, JOHNNIE
200 GRACE BLVD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

C/O ASC PROPERTY SERVICES INC.
3625 SR 419
SUITE 208
WINTER SPRINGS, FL 32708 US

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: ED HAYDEN

05/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JOHNNIE
Address: PO BOX 160268
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: V () Delete
Name: MARTIN, MARK
Address: POB 160268
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Delete
Name: TEAL, DOROTHY
Address: PO BOX 160268
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, MARK
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 327196025

Title: D (X) Change () Addition
Name: BANTA, CATHY
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 327196025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HAYDEN

MGR

05/06/2008

Electronic Signature of Signing Officer or Director

Date