

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 015 ****61.25

DOCUMENT # 762628

1. Entity Name

HOBBIT'S GLEN COMMUNITY ASSOCIATION, INC.



Principal Place of Business

MANAGEMENT SPECIALISTS
4400 NW 36 AVENUE
GAINESVILLE FL 32606
US

Mailing Address

MANAGEMENT SPECIALISTS
4400 NW 36 AVENUE
GAINESVILLE FL 32606
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2170952

Applied For

Not Applicable

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

MANAGEMENT SPECIALISTS
% PATRICIA TRIPPE
4400 NW 36 AVENUE
GAINESVILLE FL 32606

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME MISIK, STEPHEN
STREET ADDRESS 1649 NW 22 CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☒ Delete
NAME GVOZDIC, NEO DR
STREET ADDRESS 1646 NW 22 CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE T ☐ Delete
NAME SHEPPARD, ALICIA
STREET ADDRESS 1648 NW 22 CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE P ☐ Delete
NAME BROWN, LEWIS JR
STREET ADDRESS P.O. BOX 357550
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S ☐ Delete
NAME FISCHER, MARY
STREET ADDRESS 1648 NW 22ND CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Milanich, Jerald
STREET ADDRESS 1651 NW 22nd Cir
CITY-ST-ZIP Gainesville, FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

07 APR '06