2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# 767020

Entity Name: HURRICANE ALLEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

320 SIMONTON ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

320 SIMONTON ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLONEY, RICHARD D MRS
326 SIMONTON ST
KEY WEST, FL 33040

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOLONEY, RICHARD D MRS
Address: 328 SIMONTON ST. REAR
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: THORENSEN, ERLING T
Address: 3235 MARY ST.
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete
Name: MOLONEY CORLEY, LUCY
Address: 523 ERASFASFH STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: MOLONEY RICE, SUSAN
Address: 523 PALM STREET
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MRS RICHARD D MOLONEY PD 01/09/2004
Electronic Signature of Signing Officer or Director — Date