

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 047 ***150.00

DOCUMENT # F98000004423

1. Entity Name
HARTWOOD REAL ESTATE CORPORATION



Principal Place of Business
**ONE BRIGHTON ROAD
TONAWANDA, NY 14150**

Mailing Address
**ONE BRIGHTON ROAD
TONAWANDA, NY 14150**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007

Chg-P

CR2E034 (12/06)

4. FEI Number

16-0999750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROTTY, MICHAEL D
501 NORTH GRANDVIEW AVENUE, 3RD FLOOR
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

PETER G. FROERER

Street Address (P.O. Box Number is Not Acceptable)

3757 SOUTH ATLANTIC AVENUE, UNIT 1204

City

DAYTONA BEACH SHORES

FL

Zip Code

32118

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 \$150.00
After May 1, 2007 Fee will be \$550.00

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
PC
GFROERER, PETER
ONE BRIGHTON ROAD
TONAWANDA, NY 14150

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/07 **716 874 6670**