

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90212 022 ****61.25

14006229



DOCUMENT # N00000004565 1. Entity Name HACIENDA ANNA MARIA TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 3014 W GROVEWOOD COURT UNIT A TAMPA, FL 33629			Mailing Address 3014 W GROVEWOOD COURT UNIT A TAMPA, FL 33606		
2. Principal Place of Business 3014 W. Grovewood Ct. Suite, Apt. #, etc. Unit E City & State Tampa, FL Zip 33629		3. Mailing Address 3014 W. Grovewood Ct Suite, Apt. #, etc. Unit E City & State Tampa, FL Zip 33629		03282005 Chg-NP CR2E037 (10/03)	
Country USA		Country USA		4. FEI Number 59-3716393	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIST REALTY INC 2101 W PLATT STREET, SUITE #200 TAMPA, FL 33606				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD, MCHUGH 3014 W GROVEWOOD UNIT G TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Davenport 3014 W Grovewood Ct, Unit C Tampa, FL 33629
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELLER, ROBERT 3014 W GROVEWOOD CT UNIT F TAMPA, FL 33629	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, JOHN 3014 W GROVEWOOD CT UNIT C TAMPA, FL 33629	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUM, MARTIN 3014 W GROVEWOOD CT UNIT A TAMPA, FL 33629	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Geller 3014 W Grovewood Ct, Unit F Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Amy Hanly 3014 W Grovewood Ct, Unit E Tampa FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Amy Hanly</u> Amy Hanly 4/26/2005 813-83213059 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					