
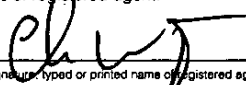



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90312 044 ****61.25

DOCUMENT # N01000004753 1. Entity Name HANSEN MANOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 809 S. ALBANY AVE. TAMPA, FL 33606 2922 HANSEN MANOR LANE TAMPA FL 33611			Mailing Address 809 S. ALBANY AVE. TAMPA, FL 33606 2911 HANSEN MANOR LANE TAMPA FL 33611		
2. Principal Place of Business 2922 HANSEN MANOR LANE		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012005 Chg-NP CR2E037 (10/03)	
City & State TAMPA FL		City & State		4. FEI Number 30-0062094	
Zip 33611		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYWARD, W.A. 809 S. ALBANY AVE. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Charles Wright Street Address (P.O. Box Number is Not Acceptable) 2916 Hansen Manor Lane City Tampa FL Zip Code 33611	
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  Charles Wright 4/11/05 <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 HAYWARD, W.A. 809 S. ALBANY AVE. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles Wright 2916 Hansen Manor Lane TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYWARD, SUSAN 809 S. ALBANY AVE. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Daniel Lozano 2908 Hansen Manor Lane TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGENEY, JERRY 809 S. ALBANY AVE. TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Richelle Colley 2911 Hansen Manor Lane TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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"/> Delete	<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
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:  Charles Wright <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/11/05 813 505 7702 <small>Date Daytime Phone #</small>	

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