

AMENDED

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 01000008181

1. Entity Name

HADLEY PARK HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 N.W. 15 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

300038918

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HERSCHEL HAYNES

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

4601 N.W. 15 AVE

City MIAMI

FL

Zip Code

33142

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

HERSCHEL HAYNES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-12-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE HERSCHEL L. HAYNES - PRES. (D)
NAME
STREET ADDRESS 4601 N.W. 15 AVE
CITY-ST-ZIP MIAMI, FL 33142

TITLE LILLIE M. WILLIAMS - VICE PRES (D)
NAME
STREET ADDRESS 1180 N.W. 50 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE NANCY DAWKINS - TREASURER (D)
NAME
STREET ADDRESS 1385 NW 50 STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE MOSELLE H. RACKARD - SECRETARY (D)
NAME
STREET ADDRESS 1010 NW 56 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillie M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-02

Date

305-634-3062

Daytime Phone #

CR2037B (12/01)