

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90022 048 ****67.50

DOCUMENT # N01000008181

1. Entity Name
**HADLEY PARK/MODEL CITY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

4601 N.W. 15 AVE.
MIAMI, FL 33142

Mailing Address

4601 N.W. 15 AVE.
MIAMI, FL 33142

44050203



07162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
30-0038918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, HERSCHEL M
4601 N.W. 15 AVE.
MIAMI, FL 33142

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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. 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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5:00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYNES, HERSCHEL L.
STREET ADDRESS 4601 NW 15TH AVE.
CITY-ST-ZIP MIAMI, FL 33142

TITLE VD
NAME WILLIAMS, LILLIE M
STREET ADDRESS 1180 NW 50 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE TD
NAME DAWKINS, NANCY
STREET ADDRESS 1385 NW 50 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE SD
NAME RACKARD, MOSELLE H
STREET ADDRESS 1010 NW 56 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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:

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

Date

Daytime Phone #