2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008181

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

Principal Place of Business	Mailing Address
4601 N.W. 15 AVE. MIAMI, FL 33142	4601 N.W. 15 AVE. MIAMI, FL 33142

07162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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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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 7, 2005

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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07/20/05-80005-008 70.00

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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 Lillie M Williams 7-16-05 (305)751-8934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #