


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 026 ****61.25

DOCUMENT # N01241			
1. Entity Name HAWAIIAN GARDENS PHASE 2 MANAGEMENT ASSOCIATION, INC.			
Principal Place of Business 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319		Mailing Address 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1379706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMBASSADOR COMMUNITY MGMT., INC. 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319		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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 HEBERT, RICHARD 5141 W. OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI Bouhadene, Ely 5181 W. Oakland Pk Blvd. Laud. Lakes, 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIORIO, RUDOLFO 5111 W OAKLAND PK BLVD. # 201 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 Gualtieri, John 5161 W. Oakland Pk Blvd, #311 Lauderdale Lakes, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUNA, ELIZABETH 5131 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCHET, FERN 5161 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gualtieri, Doreen 5161 W. Oakland Pk Blvd. # 311 Lauderdale Lakes, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESSIER, JEAN GUY 5141 W OAKLAND PK BLVD. # 103 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Frechette, Louise 5171 W. Oakland Pk Blvd. # 105 Lauderdale Lakes, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #