

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000078

FILED
Jan 09, 2004
Secretary of State

Entity Name: HAGAN WILDWOOD RESTORATION ASSOCIATION, INC.

Current Principal Place of Business:

334 DELTONA BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

334 DELTONA BLVD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 27-0000081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINDELL, KATHLEEN E
334 DELTNA BLVD.
ST. AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TINDELL, KATHLEEN E
Address: 334 DELTONA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V () Delete
Name: ROBERTS, GEORGE
Address: 1115 LOTTIE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: BELL, ZENO L
Address: 4276 WICKS BRANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: TINDELL, DARRELL L
Address: 334 DELTONA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: DAWSON, CHRISTINE M
Address: 7302 BUMELIA DR.
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: BORCHER, KATHLEEN A
Address: 4170 BARNA AVE. APT. E
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN E. TINDELL

P

01/09/2004

Electronic Signature of Signing Officer or Director

Date