


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002342 1. Entity Name HANNIBAL SQUARE ASSOCIATION, INC.	
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Principal Place of Business 425 WEST NEW ENGLAND AVE SUITE 200 WINTER PARK, FL 32789	Mailing Address 425 WEST NEW ENGLAND AVE SUITE 200 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



07262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-1469371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAGLIANO, TERI 533 W NEW ENGLAND AVE WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERO, BARBARA 400 W NEW ENGLAND AVE #7 WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DEXTER 558 W NEW ENGLAND AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, BAXTER 425 W NEW ENGLAND STE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: BAXTER MATHEWS  7-26-05 407 644-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #