

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004584		
1. Entity Name HATCHER ROAD ESTATES PHASE III - A HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 3964 BUTTON BUSH CIR LAKELAND, FL 33811	Mailing Address 3964 BUTTON BUSH CIR LAKELAND, FL 33811	
DO NOT WRITE IN THIS SPACE		
		02262007 No Chg-NP CR2E037 (4/06)
4. FEI Number 05-0568248		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 CRAWFORD, ADAM B PRES. 3964 BUTTON BUSH CIR LAKELAND, FL 33811		DO NOT WRITE 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: <u>Adam Crawford</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRAWFORD, ADAM PRES 3964 BUTTON BUSH CIR LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, MATTHEW VP 3956 BUTTON BUSH CIR LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HIERS, COLLEEN SEC 3937 BUTTON BUSH CIR LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Adam Crawford</u> Adam Crawford Pres 3/4/07 647-9818 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		