

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005281**

1. Entity Name

HARTWOOD PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4327 S. HIGHWAY 27, #155  
CLERMONT FL 34711

Mailing Address

4327 S. HIGHWAY 27, #155  
CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

04-3616409

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

FRASER, JAMES  
4327 S. HIGHWAY 27, #155  
CLERMONT FL 34711

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 and address.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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 PRES ☐ Delete  
NAME FRASER, JAMES  
STREET ADDRESS 4327 S. HIGHWAY 27, #155  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME 000000911411  
STREET ADDRESS 05/07/08-80038-019 61.25  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME CONTI, STEVEN  
STREET ADDRESS 4327 S. HIGHWAY 27, #155  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRES ☐ Delete  
NAME EMELY, CINDY  
STREET ADDRESS 4327 S. HIGHWAY 27, #155  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC ☐ Delete  
NAME DAY, KIMBERLY  
STREET ADDRESS 4327 S. HIGHWAY 27, #155  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIR ☐ Delete  
NAME ALLADIN, SAM  
STREET ADDRESS 4327 S. HIGHWAY 27, #155  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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: James G. Fraser, James G. Fraser Pres. 7/15/08 3522433970