


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90112 050 ****70.00

DOCUMENT # N02000006897	
1. Entity Name HAYWOOD ESTATES ASSOCIATION, INC.	

Principal Place of Business 816 SE 8TH STREET FT LAUDERDALE FL 33316	Mailing Address 816 SE 8TH STREET FT LAUDERDALE FL 3316
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2. Principal Place of Business C/O OLDAKER	3. Mailing Address C/O OLDAKER
Suite, Apt. #, etc. P.O. Box 11402	Suite, Apt. #, etc. P.O. Box 11402
City & State Fort LAUDERDALE, FLA	City & State Fort LAUDERDALE, FLA
Zip 33339	Country BROWARD

1st MOORE CR2E037 (10/04)

4. FEI Number 56-2327168		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VICKERY, CLARE 816 SE 8TH STREET FT LAUDERDALE FL 33316		
7. Name and Address of New Registered Agent Name ALFRED E. OLDAKER Street Address (P.O. Box Number is Not Acceptable) 285 TROPIC DRIVE City LAUDERDALE BY THE SEA FL Zip Code 33308		

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 ALFRED E. OLDAKER (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PVST VICKERY, CLARE 728 NE 5 AVE FT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALFRED E. OLDAKER 285 TROPIC DRIVE LAUDERDALE BY THE SEA, FLA. 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERY, CLARE 728 NE 5 AVE FT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT L. BOO 724 N.E. 5 AVE FORT LAUDERDALE, FLA. 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERY, ROBERT 728 NE 5 AVE FT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARA LICHTMAN 722 N.E. 5 AVE FORT LAUDERDALE FLA 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JAMES C 728 NE 5 AVE FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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 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: ALFRED E. OLDAKER, PRES. 4/26/05 954-661-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #