

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006897

FILED
Apr 30, 2008
Secretary of State

Entity Name: HAYWOOD ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

C/O OLDAKER
P.O. BOX 11402
FORT LAUDERDALE, FL 33339

New Principal Place of Business:

724 NE 5 AVENUE
FORT LAUDERDALE, FL 33304

Current Mailing Address:

C/O OLDAKER
P.O. BOX 11402
FORT LAUDERDALE, FL 33339

New Mailing Address:

C/O OLDAKER
P.O. BOX 11402
FORT LAUDERDALE, FL 33308

FEI Number: 56-2327168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLDAKER, ALFRED E.
285 TROPIC DRIVE
LAUDERDALE BY THE SEA, FL 33308 US

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: PT () Delete
Name: OLDAKER, ALFRED E.
Address: 285 TROPIC DRIVE
City-St-Zip: LAUDERDALDE BY THE SEA, FL 33308

Title: V () Delete
Name: BOO, ROBERT L.
Address: 724 NE 5 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Delete
Name: LICHTMAN, SARA
Address: 722 NE 5 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: OLDAKER, ALFRED E.
Address: 285 TROPIC DRIVE
City-St-Zip: LAUDERDALDE BY THE SEA, FL 33308

Title: P (X) Change () Addition
Name: BOO, ROBERT L.
Address: 724 NE 5 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFRED E. OLDAKER

VPT

04/30/2008

Electronic Signature of Signing Officer or Director

Date