

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006897

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** HAYWOOD ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

724 NE 5 AVENUE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date