

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90173 050 ****61.25

DOCUMENT # N02309

1. Entity Name

HAZEL GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8390 S.W. 3RD COURT
 OCALA FL 34476-7183

8390 S.W. 3RD COURT
 OCALA FL 34476-7183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2362383

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

HUMPHREY, JOE
340 S.W. 83RD STREET
OCALA FL 34476

Name

GERALD DENNIS

Street Address (P.O. Box Number is Not Acceptable)

250 SW 84th LANE

OCALA,

City

FL

Zip Code

34476

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.

SIGNATURE *Gerald J. Dennis*

GERALD J. DENNIS

DATE

3/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, PHYLLIS	
STREET ADDRESS	195 S.W. 2ND COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEHRING, PETE	
STREET ADDRESS	8405 S.W. 2ND COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JAN	
STREET ADDRESS	8300 S.W. 2ND COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, GERALD	
STREET ADDRESS	250 SW 84TH LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOOLDRIDGE, ROBERT	
STREET ADDRESS	185 S.W. 84TH STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORD, LYLE	
STREET ADDRESS	180 S.W. 84TH STREET	
CITY-ST-ZIP	OCALA FL 34476	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	ROBERT OXENDINE	
CITY-ST-ZIP	195 SW 82nd St.	
	OCALA FL 34476	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	FORD, LYLE	
CITY-ST-ZIP	180 SW 84th St.	
	OCALA	

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:

JAN HUTCHINSON
JAN HUTCHINSON

Date

Daytime Phone #

352-237-1540

3-14-02

CR2E037 (9/01)