

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

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

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** Treasurer **3-14-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)