


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 010 ****61.25

DOCUMENT # N02309

1. Entity Name
HAZEL GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

FRENCH, STEVE
340 SW 83RD STREET
OCALA FL 34476

7. Name and Address of New Registered Agent

Name
AUGUST H. TOBIN

Street Address (P.O. Box Number is Not Acceptable)
235 S W 84th STREET

City FL Zip Code
OCALA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *August H. Tobin* DATE 4/3/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, STEVE	
STREET ADDRESS	240 S.W. 83RD STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELFRICH, DON	
STREET ADDRESS	350 S.W. 84TH LANE	
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	TOBIN, AUGUST W	
STREET ADDRESS	135 SW 84TH STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	V	<input type="checkbox"/> Delete
NAME	OXENDINE, ROBERT	
STREET ADDRESS	195 SW 83RD ST	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNUTO, DAVID	
STREET ADDRESS	8440 SW 2ND CT	
CITY-ST-ZIP	OCALA FL 34476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY VINTON	
STREET ADDRESS	230 SW 84th LANE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHRING, PETS	
STREET ADDRESS	8405 SW 2nd Ct.	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Treas.* **JAN HUTCHINSON 3-31-06 352-287-1540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR District: 23000 District: 23000