


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-07-2007 90046 050 ****61.25

DOCUMENT # N02309																					
1. Entity Name HAZEL GARDENS HOMEOWNERS ASSOCIATION, INC.																					
Principal Place of Business 8390 S.W. 3RD COURT OCALA FL 34476-7183		Mailing Address 8390 S.W. 3RD COURT OCALA FL 34476-7183																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number NO-T APPLICABLE																	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent TOBIN, AUGUST H 235 SW 84TH ST OCALA FL 34476			7. Name and Address of New Registered Agent																		
Name			Street Address (P.O. Box Number is Not Acceptable)																		
City			Zip Code																		
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 <i>X August H. Tobin</i> <small>Signature and printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when registering.)</small>																					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
Make Check Payable to Florida Department of State																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																		
<table border="1"> <tr> <td>NAME</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VINTON, LARRY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>230 SW 84TH LN OCALA FL 34476</td> <td></td> </tr> </table>	NAME	D	<input type="checkbox"/> Delete	STREET ADDRESS	VINTON, LARRY		CITY- ST- ZIP	230 SW 84TH LN OCALA FL 34476				<table border="1"> <tr> <td>NAME</td> <td>P</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ADAMS, RODOLFO</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>8460 SW 3RD CT OCALA, FL 34476</td> <td></td> </tr> </table>	NAME	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	ADAMS, RODOLFO		CITY- ST- ZIP	8460 SW 3RD CT OCALA, FL 34476	
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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* **JAN HUTCHINSON** 2-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____
 Contact Phone: _____

352-237-1540