

**2008-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90046 019 \*\*\*\*70.00



**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 - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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: **Pete Gehring**  
Street Address (P.O. Box Number is Not Acceptable): **8405 SW 2nd COURT**  
City: **Ocala** 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Charles F. Gehring* DATE: **2-2-08**  
(NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	VINTON, LARRY
STREET ADDRESS	230 SW 84TH LN
CITY-ST-ZIP	OCALA FL 34476
TITLE	<input checked="" type="checkbox"/> Delete
NAME	HELFRICH, DON
STREET ADDRESS	350 S.W. 84TH LANE
CITY-ST-ZIP	OCALA FL 34476
TITLE	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JAN
STREET ADDRESS	8300 S.W. 2ND COURT
CITY-ST-ZIP	OCALA FL 34476
TITLE	<input checked="" type="checkbox"/> Delete
NAME	TOBIN, AUGUST W
STREET ADDRESS	135 SW 84TH STREET
CITY-ST-ZIP	OCALA FL 34476
TITLE	<input checked="" type="checkbox"/> Delete
NAME	OXENDINE, ROBERT
STREET ADDRESS	195 SW 83RD ST
CITY-ST-ZIP	OCALA FL 34476
TITLE	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BARGE
STREET ADDRESS	8410 SW 3rd Ct
CITY-ST-ZIP	Ocala FL 34476
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIET NORMAN
STREET ADDRESS	8345 SW 2nd Ct.
CITY-ST-ZIP	Ocala FL 34476
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Adame
STREET ADDRESS	8460 SW 3rd Ct.
CITY-ST-ZIP	Ocala FL 34476
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane MILLER
STREET ADDRESS	8425 SW 3RD CT.
CITY-ST-ZIP	Ocala FL 34476
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pete GEHRING
STREET ADDRESS	8405 SW 2nd Ct.
CITY-ST-ZIP	Ocala FL 34476
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN PARRISH
STREET ADDRESS	180 SW 84th St.
CITY-ST-ZIP	Ocala FL 34476

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 352-237-1540