
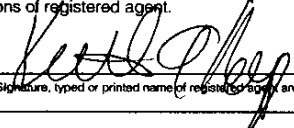
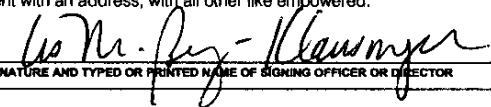


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90215 017 ****61.25

DOCUMENT # N03000001486 1. Entity Name HANEY CREEK GREENWAY GROUP, INC.						
Principal Place of Business 2039 GINGER TERRACE JENSEN BEACH, FL 34957			Mailing Address P.O. BOX 1034 JENSEN BEACH, FL 34958			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		01292006 Chg-NP CR2E037 (11/05)		
4. FEI Number 26-0060176				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLAUSMEYER, WILLIAM B TREA 428 NE BAYBERRY LANE JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent Name Kopp, Keith A. Street Address (P.O. Box Number is Not Acceptable) 2039 NE Ginger Terr. City Jensen Beach FL Zip Code 34957			
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 			DATE Apr 15, 2006			
Filing Fee is \$61.25 Due by May 1, 2006			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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMMER, DAYNE E 1882 NE CRABTREE LN. JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVENTURA, BRIAN A 377 NW CANNA WAY JENSEN BEACH, FL 34957		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAWINSKI, STEVEN J 274 NE BLAIRWOOD TRACE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPP, KEITH A 2039 NE GINGER TERRACE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERRY-KLAUSMEYER, LISA M 428 NE BAYBERRY LANE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMMER, SARA C 1882 NE CRABTREE LN. JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			DATE 4.13.06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 772-225-1040			