


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90237 026 \*\*\*\*61.25

DOCUMENT # N04000001549			
1. Entity Name FISHHAWK RIDGE ASSOCIATION, INC.			
Principal Place of Business 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609		Mailing Address 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609	
2. Principal Place of Business		3. Mailing Address GREENACRE PROPERTIES INC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4131 GUNN HWY	
City & State TAMPA FL		City & State TAMPA FL	
Zip	Country	Zip	Country
		33609	HILLSBOROUGH
6. Name and Address of Current Registered Agent ROLAND, DOUGLAS C ESQ. 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		4. FEI Number 43-2053206	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		02092005 Chg-NP CR2E037 (10/03)	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY I. KARPAY	NAME	
STREET ADDRESS	5100 W. Lemon St #306	STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33609	CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Messina	NAME	
STREET ADDRESS	5100 W Lemon St #306	STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33609	CITY-ST-ZIP	
TITLE	STO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah L HUDRUK	NAME	
STREET ADDRESS	5100 W Lemon St #306	STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Deborah L Hudruk</u>		Date: <u>2-17-05</u> Daytime Phone #: <u>813-282-1616</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Deborah L HUDRUK, Sec/Treas		7295	

00020725



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number 43-2053206 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

ROLAND, DOUGLAS C ESQ.  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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Make check payable to Florida Department of State

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SIGNATURE: Deborah L Hudruk Date: 2-17-05 Daytime Phone #: 813-282-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L HUDRUK, Sec/Treas

7295