
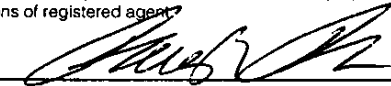



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 025 ****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 GREENACRE PROPERTIES INC 4131 GUNN HWY TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4131 Gunn Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, Fl	
Zip	Country	Zip	Country
		33618	USA
4. FEI Number 43-2053206		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		7. Name and Address of New Registered Agent	
ROLAND, DOUGLAS C ESQ. 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		Name Francis E. Friscia	
		Street Address (P.O. Box Number is Not Acceptable) Melrose & Friscia, P. A.	
		500 N Westshore Blvd, Ste 830	
		City Tampa FL Zip Code 33609	
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 4/16/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing 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	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAY, BARRY I	NAME	
STREET ADDRESS	5100 W LEMON ST #306	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, FRANK	NAME	
STREET ADDRESS	5100 W LEMON ST #306	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDRLIK, DEBORA L	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	
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	
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	
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 3-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-288-7742	
Debora L Hudrik			