

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011870

FILED
Apr 25, 2006
Secretary of State

Entity Name: HIALEAH GARDENS COMMERCIAL ASSOCIATION, INC.

Current Principal Place of Business:

2901 RIGSBY LANE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

2901 RIGSBY LANE
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONNOR, MICHAEL P
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: EVTD () Delete
Name: KIDMAN, GEORGE K
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: FORLIZZO, ROBERT A
Address: 2903 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPS () Delete
Name: WAGNER, MICHAEL T
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete
Name: MONROE, PETER H
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AS () Delete
Name: BLAKE, M. BRIDGET
Address: 2901 RIGSBY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P CONNOR

PD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date