

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90073 022 ****61.25

DOCUMENT # N04936

1. Entity Name
HACKBERRY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**BOARD OF DIRECTORS/ SELF MANAGEMENT
C/O 6428 SWEET MAPLE LN
BOCA RATON, FL 33433 US**

Mailing Address
**C/O HELEN JARVIS
6428 SWEET MAPLE LN
BOCA RATON, FL 33433 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

90 FL Community Management SRU

90 FL Community Management Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 9139

P.O. Box 9139

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33075

USA

33075

USA

02232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2497635

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

**HOLODAK, EDWARD F P.A.
2500 HOLLYWOOD BLVD, STE 212
HOLLYWOOD, FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME JACOBS, EDNA ☒ Delete
STREET ADDRESS 6380 SWEET MAPLE LN
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE President ☐ Change ☒ Addition
NAME Frank Arevalo
STREET ADDRESS 6285 Pondapple Rd.
CITY-ST-ZIP

TITLE T ☒ Delete
NAME JACKSON, CLARK
STREET ADDRESS 6315 SWEET MAPLE LN
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Vice President ☐ Change ☒ Addition
NAME Larry Goldberg
STREET ADDRESS 6297 Pondapple Rd.
CITY-ST-ZIP

TITLE S ☒ Delete
NAME FIALLO, ELIA
STREET ADDRESS 6310 SWEET MAPLE LN
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Secretary ☐ Change ☒ Addition
NAME Gina Cannavale
STREET ADDRESS 6261 Sweet Maple Ln.
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHWERTOK, JACKIE
STREET ADDRESS 6355 SWEET MAPLE LN
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Treasurer ☐ Change ☒ Addition
NAME Judy Lecompte
STREET ADDRESS 6275 Pondapple Rd.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Edna Jacobs
STREET ADDRESS 6380 Sweet Maple Ln.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Frank Arevalo

3-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #