

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 045 ****61.25

DOCUMENT # N04936

1. Entity Name
HACKBERRY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
C/O PL COMMUNITY MGMT SERVICES
P.O. BOX 9139
CORAL SPRINGS, FL 33075 US

Mailing Address
C/O PL COMMUNITY MGMT SERVICES
P.O. BOX 9139
CORAL SPRINGS, FL 33075 US

40060780



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2497635

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name RANDALL K. ROGER & ASSOCIATES, P.A.
Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd STREET
Suite 300
City BOCA RATON FL Zip Code 33487

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 RANDALL K. ROGER

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

(NOTE: Registered Agent signature required when reinstating)

1-21-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE P ☐ Delete
NAME AREVALO, FRANK
STREET ADDRESS 6285 PONDAPPLE RD.
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE V ☒ Delete
NAME GOLDBERG, LARRY
STREET ADDRESS 6297 PONDAPPLE RD.
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE S ☐ Delete
NAME CANNAVOLE, GINA
STREET ADDRESS 6261 SWEET MAPLE LN
CITY-ST-ZIP BOCA RATON, FL 33433

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

TITLE T ☐ Delete
NAME LECOMPTE, JUDY
STREET ADDRESS 6275 PONDAPPLE RD
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition
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 FRANK AREVALO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-08

561 4824052