

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007668

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** THE HOOD ROAD CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 06-1758187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAETA, NEIL J  
5220 HOOD ROAD STE 100  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

GAETA, NEIL J  
5220 HOOD ROAD  
STE 100  
PALM BEACH GARDENS, FL 33418 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GAETA, LOUIS A JR.  
Address: 5220 HOOD RD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PSD ( ) Delete  
Name: GAETA, NEIL J JR.  
Address: 5220 HOOD RD STE 800  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: ADDAZIO, DAWN  
Address: 319 CLEMATIOS ST STE 300  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: GAETA, NEIL J  
Address: 5220 HOOD RD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD (X) Change ( ) Addition  
Name: TREZZA, ARLINE R  
Address: 5220 HOOD RD STE 100  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change ( ) Addition  
Name: LABOVICK, BRIAN  
Address: 5220 HOOD ROAD STE 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: NEIL J GAETA

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date