

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010994

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** HEMINGWAY LANDINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

2400 AIRPORT ROAD SUITE B  
PLANT CITY, FL 33563

**New Principal Place of Business:**

2400 AIRPORT ROAD  
SUITE B  
PLANT CITY, FL 33563

**Current Mailing Address:**

2400 AIRPORT ROAD SUITE B  
PLANT CITY, FL 33563

**New Mailing Address:**

2400 AIRPORT ROAD  
SUITE B  
PLANT CITY, FL 33563

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLAND, DOUGLAS C  
500 E KENNEDY BLVD. SUITE 200  
TAMPA, FL 33602 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: DP ( ) Delete  
Name: GUEVARA, ARTURO S  
Address: 2400 AIRPORT ROAD SUITE B  
City-St-Zip: PLANT CITY, FL 33563

Title: DVP ( ) Delete  
Name: PADRON, SILVIA M  
Address: 2400 AIRPORT ROAD SUITE B  
City-St-Zip: PLANT CITY, FL 33563

Title: DST ( ) Delete  
Name: GUEVARA, JOSE  
Address: 2400 AIRPORT ROAD SUITE B  
City-St-Zip: PLANT CITY, FL 33563

**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:

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: ARTURO S. GUEVARA

PRES

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date