


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90024 049 \*\*\*\*61.25

DOCUMENT # N07000000405			
1. Entity Name THE PARKE AT HANOVER PLACE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792		Mailing Address 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box # <i>Community Management Professionals, Inc.</i> <i>5401 South Kirkman Road Suite 450</i>		3. Mailing Address <i>5401 South Kirkman Road Suite 450</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Orlando FL</i>		City & State <i>FL 32819</i>	
Zip <i>32819</i>		Zip <i>32819</i>	
Country		Country	
4. FEI Number <i>26-2105790</i>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DOWD, STEVEN M 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name <i>Community Management Professionals, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5401 South Kirkman Road, Ste 450</i> City <i>Orlando</i> FL Zip Code <i>32819</i>	
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 <i>Steven M. Hiss, President</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>3-5-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'DOWD, STEVEN 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HISS, STEVE 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, DENIS 1155 S SEMORAN BLVD - # 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Steven M. Hiss</i> STEVE HISS		Date <i>3-18-08</i> 467-571-7333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	