

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**DOCUMENT# N14476****Entity Name:** HAZEL GLEN COMMUNITY ASSOCIATION, INC.**FILED
May 01, 2004
Secretary of State****Current Principal Place of Business:**P.O. BOX 952526
LAKE MARY, FL 327952526 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 952526
LAKE MARY, FL 327952526 US**New Mailing Address:**

FEI Number: 59-2870312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:GINGER R. MCCORMICK
1809 S. ORANGE AVE.
ORLANDO, FL 32806 US**Name and Address of New Registered Agent:**SQUILLANTE, RHONDA L
122 LAKEVIEW AVE
LAKE MARY, FL 32746 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: RHONDA L SQUILLANTE

05/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: TD () Delete
Name: MCCORMICK, GINGER
Address: 119 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773Title: SD () Delete
Name: HODGE, MONICA
Address: 115 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773Title: D () Delete
Name: FRATER, STEVE
Address: 121 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773Title: PD () Delete
Name: MCCORMICK, SHANE
Address: 119 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773Title: VD () Delete
Name: HORD, ROBERT
Address: 116 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TD (X) Change () Addition
Name: SQUILLANTE, RHONDA
Address: 136 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773Title: SD (X) Change () Addition
Name: HISE, LUCY
Address: 150 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773Title: D (X) Change () Addition
Name: COLLER, LEWIS
Address: 128 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773Title: PD (X) Change () Addition
Name: FLYNN, MICHAEL
Address: 126 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773Title: VD (X) Change () Addition
Name: BLACK, ROBERT
Address: 143 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RHONDA L SQUILLANTE

TD

05/01/2004

Electronic Signature of Signing Officer or Director

Date