

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14476

FILED
May 01, 2008
Secretary of State

Entity Name: HAZEL GLEN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

HAZEL GLEN NEIGHBORHOOD
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952526
LAKE MARY, FL 327952526 US

New Mailing Address:

P.O. BOX 950547
LAKE MARY, FL 327952526 US

FEI Number: 59-2870312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SQUILLANTE, RHONDA L
101NORTH COUNTRY CLUB ROAD
STE 216
LAKE MARY, FL 32746 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: TD () Delete
Name: SQUILLANTE, RHONDA
Address: 136 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: HISE, LUCY
Address: 150 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: COLLIER, LEWIS
Address: 128 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

Title: PD () Delete
Name: FLYNN, MICHAEL
Address: 126 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: BLACK, ROBERT
Address: 143 HAZEL BLVD
City-St-Zip: SANFORD, FL 32773

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:

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 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: RHONDA L SQUILLANTE

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05/01/2008

Electronic Signature of Signing Officer or Director

Date