


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N17803 1. Entity Name HANSON'S LANDING DOCK ASSOCIATION, INC.		
Principal Place of Business 6161 SE LANDING WAY 16 STUART, FL 34997		Mailing Address P O BOX 512 PORT SALERNO, FL 34992-0512
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COSTANZO, LOUIS 6161 SE LANDING WAY #16 STUART, FL 34997		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTANZO, LOUIS 6161 SE LANDING WAY #16 STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVERENZ, DONALD 6121 SE LANDING WAY #11 STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOLA, FRANK 6161 SE LANDING WAY #1 STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>LOUIS COSTANZO</i></u> (LOUIS COSTANZO)		1-15-06 772-781-4113 <small>Date Daytime Phone #</small>



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2743403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

01/25/06-80011-011 61.25

**DO NOT WRITE
IN THIS SPACE**