

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 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**



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2743403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTANZO, LOUIS
6161 SE LANDING WAY #16
STUART, FL 34997**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COSTANZO, LOUIS
STREET ADDRESS	6161 SE LANDING WAY #16
CITY-ST-ZIP	STUART, FL 34997
TITLE	VD
NAME	RAAZ, ERNEST
STREET ADDRESS	6142 SE LANDING WAY SUITE 7
CITY-ST-ZIP	STUART, FL 34997
TITLE	SD
NAME	NOLA, FRANK
STREET ADDRESS	6161 SE LANDING WAY #1
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80101-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

772-781-9113

Daytime Phone #