

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:35

DOCUMENT # N33087

(0)

1. Corporation Name

HP-1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**58 HYPOLITA STREET
ST AUGUSTINE FL 32084**

**58 HYPOLITA STREET
ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1989

3a. Date of Last Report

07/01/1994

4. FEI Number

59-2953203

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PACETTI, HILDEGARDE
58 HYPOLITA ST.
ST AUGUSTINE FL 32084**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PACETTI, HILDEGARDE
STREET ADDRESS	305 ST GEORGE ST
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	VD
NAME	NEMO, MARGARET
STREET ADDRESS	63 MARINE ST.
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	STD
NAME	LOUD, RICHARD
STREET ADDRESS	256 ST. GEORGE ST.
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	D
NAME	BAILEY, MARILYN
STREET ADDRESS	11 BRIDGE ST.
CITY - ST - ZIP	ST AUGUSTINE FL 32084
TITLE	D
NAME	DOW, KENNETH
STREET ADDRESS	250 ST. GEORGE ST.
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	D
NAME	WEBB, PAT
STREET ADDRESS	322 CHARLOTTE ST.
CITY - ST - ZIP	ST. AUGUSTINE FL 32084

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hildegard Pacetti Pres./Dir. April 6th, 1995 829-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hildegard Pacetti