

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90315 042 ****70.00

DOCUMENT # N37844 1. Entity Name HOOD LANDING LAKES OWNERS ASSOCIATION, INC.			
Principal Place of Business 1732 KINGSLEY AVE 202 ORANGE PARK, FL 32073 US		Mailing Address 1732 KINGSLEY AVENUE SUITE 202 ORANGE PARK, FL 32073 US	
2. Principal Place of Business Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065		3. Mailing Address Suite, Apt. # Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32073		Zip 32065	
Country US		Country US	
4. FEI Number 59-3045887		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073		7. Name and Address of Registered Agent Name Street Address (P.O. Box Number) City State Zip Code	
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 <u>Alan Perry</u> DATE <u>12 Apr 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERNEST, ANTHONY 12176 BANYAN TREE DR. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, ELIZABETH 4333 SHALLOW LAKE DR. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMMANDIE, MIKE 12136 BANYON TREE DR JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCracken, MARK 12139 BANYAN TREE DR. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, DAVID 4317 SHALLOW LAKE DR. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. 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 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>Ernest Anthony</u> DATE: <u>12 Apr 05</u> DAYTIME PHONE #: <u>904 298 2321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: <u>Alan Perry</u> DATE: <u>12 Apr 05</u> DAYTIME PHONE #: <u>904 298 2321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	