2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# N41103

Entity Name: HOPEWELL FARMS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN BETHEA (POA)
PO BOX 1042
MADISON, FL 32341 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1042
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-3041186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BETHEA, JOHN M
HOPEWELL FARMS RD. CR 360
MADISON, FL 32341 US

Name and Address of New Registered Agent:

BETHEA, JOHN M
1277 SW HOPEWELL FARMS RD.
MADISON, FL 32340 US

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: _____ 07/08/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BETHEA, JOHN
Address: HOPEWELL FARMS RD.
City-St-Zip: MADISON, FL 32341

Title: VPT ( ) Delete
Name: WALTER, GRAHAM JR
Address: HOPEWELL FARMS RD
City-St-Zip: MADISON, FL 32341

Title: TT ( ) Delete
Name: CASE, RUTH
Address: HOPEWELL FARMS RD
City-St-Zip: MADISON, FL 32341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: BETHEA, JOHN
Address: 1277 SW HOPEWELL FARMS RD.
City-St-Zip: MADISON, FL 32340

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 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 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: JOHN M. BETHEA PT 07/08/2005
Electronic Signature of Signing Officer or Director — Date