

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0055215

03-20-2002 90027 022 ****61.25

DOCUMENT # N44199
 1. Entity Name
HWD ASSOCIATION, INC.

Principal Place of Business 2037 N. POINT ALEXIS TARPON SPRINGS FL 34689	Mailing Address 2037 N. POINT ALEXIS TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0715528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS FL

7. Name and Address of New Registered Agent

Name _____

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

City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME PD HASIAK, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS 2037 NORTH POINTE ALEXIS	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE NAME VD MINICI, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 2039 N. POINTE ALEXIS	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE NAME STD GUBERT, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS 2033 N. POINTE ALEXIS	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Larry Hasiak Date: 3/6/02 Daytime Phone #: (27)937-2582

CR2E037 (9/01)