
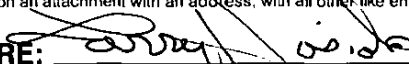


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90120 036 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHOLL, DONALD E. 115 SOUTH SPRING BLVD. TARPON SPRINGS, FL				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 7, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIAK, LARRY			NAME	Norman Weiser
STREET ADDRESS	2037 NORTH POINTE ALEXIS			STREET ADDRESS	2035 North Pointe Alexis Dr.
CITY-ST-ZIP	TARPON SPRINGS, FL			CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	MINICI, JAMES			NAME	
STREET ADDRESS	2039 N. POINTE ALEXIS			STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	GUBERT, MIKE			NAME	
STREET ADDRESS	2033 N. POINTE ALEXIS			STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	
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STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 				Date: 6/28/05 (722) 937-2582	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

50054815



06302005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0715528 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:  Date: 6/28/05 (722) 937-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #