


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90100 011 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**

40052000



02012006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2006**

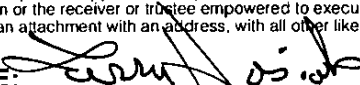
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WEISER, NORMAN
STREET ADDRESS	2035 NORTH POINTE ALEXIS DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD
NAME	MINICI, JAMES
STREET ADDRESS	2039 N. POINTE ALEXIS
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	PD
NAME	Larry Hasiak
STREET ADDRESS	2037 N. Pointe Alexis Dr.
CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/6/06

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