

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90023 022 ****61.25

DOCUMENT # N45632

1. Entity Name
HYLAND FARMS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 1477
DADE CITY, FL 33526

Mailing Address
P.O. BOX 1477
DADE CITY, FL 33526

50006729



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3107851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CENDAN, MIGUEL A
17610 HYLAND LANE
DADE CITY, FL 33523

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 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

TITLE PD ☐ Delete
NAME DAY, JEFF
STREET ADDRESS 17622 PINE KNOLL DR.
CITY-ST-ZIP DADE CITY, FL 33523

TITLE TD ☐ Delete
NAME CENDAN, MIGUEL A
STREET ADDRESS 17610 HYLAND LANE
CITY-ST-ZIP DADE CITY, FL 33523

TITLE D ☒ Delete
NAME STUBBING, STUART
STREET ADDRESS 35121 HEARTLAND DR.
CITY-ST-ZIP DADE CITY, FL 33523

TITLE DV ☒ Delete
NAME MAHOULICH, MICHAEL
STREET ADDRESS 17438 PINE KNOLL DRIVE
CITY-ST-ZIP DADE CITY, FL 33523

TITLE SD ☐ Delete
NAME BAXTER, JEANETTE
STREET ADDRESS 17705 HYLAND LANE
CITY-ST-ZIP DADE CITY, FL 33523

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME **NEWMAN, MICHAEL**
STREET ADDRESS **36216 BURLWOOD LN**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: M. A. Cendan / MIGUEL A CENDAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-05 (352) 521-7118
Date Daytime Phone #