

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46964

FILED
May 12, 2006
Secretary of State

Entity Name: HASSON RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9744 HASSON RIDGE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

9744 HASSON RIDGE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CREIGHTON, RICHARD
9744 HASSON RIDGE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, BERNIE
Address: 9732 HASSON RIDGE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BROOKS, SHAR
Address: 9715 HASSON RIDGE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CREIGHTON, RICHARD
Address: 9744 HASSON RIDGE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BOTENS, BRIAN
Address: 9804 HASSON RIDGE RD.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: RICHARD CREIGHTON

MR

05/12/2006

Electronic Signature of Signing Officer or Director

Date