


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90301 001 ***306.25

DOCUMENT # N47017 1. Entity Name HAWAIIAN GARDENS PHASE VII ASSOCIATION, INC.					
Principal Place of Business 4705 NW 35TH ST LAUDERDALE LAKES, FL 33319			Mailing Address 4705 NW 35TH ST LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0315605	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JUBINVILLE, JEANNETTE 3500 NW 48TH AVE FORT LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name: HAWAIIAN GARDENS PHASE VII Street Address (P.O. Box Number is Not Acceptable): 4705 NW 35 STREET City: LAUDERDALE LAKES FL Zip Code: 33319	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P TRAC, ANDRE 4705 NW 35TH ST LAUDERDALE LKS, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRACHY, ANDRE Same Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASSELLA, LARRY 4706 NW 36 ST. LAUDERDALE LKS, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELLETIER, YVON 3501 NW 47TH AVENUE LAUDERDALE LKS, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMOND LARIVIERE 3501 NW 47 AVENUE LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROULX, JACQUES 4706 NW 36 ST LAUDERDALE LKS, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHEU, MICHELINE 4706 NW 36 STREET LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRE, DIANE 4705 NW 35 ST LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 1ST V-PRESIDENT LARRY MASSELLA, Larry Massella 4/17/08 954-484-2522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66007520



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0315605

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

6. Name and Address of Current Registered Agent

JUBINVILLE, JEANNETTE
3500 NW 48TH AVE
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name: **HAWAIIAN GARDENS PHASE VII**
 Street Address (P.O. Box Number is Not Acceptable): **4705 NW 35 STREET**
 City: **LAUDERDALE LAKES** FL Zip Code: **33319**

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Signature, typed or printed name of registered agent and title if applicable.

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DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
TRAC, ANDRE
4705 NW 35TH ST
LAUDERDALE LKS, FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MASSELLA, LARRY
4706 NW 36 ST.
LAUDERDALE LKS, FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
PELLETIER, YVON
3501 NW 47TH AVENUE
LAUDERDALE LKS, FL 33319

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PROULX, JACQUES
4706 NW 36 ST
LAUDERDALE LKS, FL 33319

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
ANDRE, DIANE
4705 NW 35 ST
LAUDERDALE LAKES, FL 33319

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NAME
STREET ADDRESS
CITY-ST-ZIP

P
TRACHY, ANDRE
Same Address

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
RAYMOND LARIVIERE
3501 NW 47 AVENUE
LAUDERDALE LAKES FL 33319

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MAHEU, MICHELINE
4706 NW 36 STREET
LAUDERDALE LAKES FL 33319

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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