FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # NA7501

1. Corporation Name HOOD LANDING POINT ASSOCIATION, INC.							* 1 166889 90191 26 9 *				
Principal Place 4421 HOLLYGA JACKSONVILLE US	Mailing Address 4436 HOLLYGATE CT JACKSONVILLE FL 32 US	E CT									
2. Principal P	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 02/24/1992					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-3127161			plied For t Applicable		
22∫ City & State	Ð	City & State				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
Zip				ntry	6. Election Campaign Financing S5.00 M Trust Fund Contribution Added to						
24	9. Name and Address of Curren	11					10. Name and Address of Ne	w Registere			
JOSEPH,				81 82	Name Street	Address	s (P.O. Box Number is Not Acce	ptable)			
JACKSONVILLE FL 32258				83 84	City	FL 85 Zip Code					
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change w	as authorized	I by 1	the corroc	corpora oration's	ation submits this statement for its board of directors. I hereby ac	the purpose cept the app	of changing its pointment as re	registered gistered	
SIGNATURE	Skgnature, typed or printed name of registered agen	t and title if anylicable (NOTE: Registered	Agent	signature re	necuuned wh	ven reinstating)	DATE	· 		
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICERS.	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETI	E 1.1 TIT	ΠE		T			☐ Change	Addition	
NAME	JOSEPH, DARLENE			1.2 NAME						Ì	
STREET ADDRESS			13.ST	1.3 STREET ADDRESS						l	
				1.4 CITY-ST-ZIP		l			•	1	
CITY-ST-ZIP TITLE				île			······································		Change	☐ Addition	
NAME	<u> </u>		22 NA	2.2 NAME						1	
STREET ADDRESS	4436 HOLLYGATE CT	. =		2.3 STREET ADDRESS							
	JACKSONVILLE FL 32258			2. 4 CITY-ST-ZIP							
CITY-ST-ZIP	VPD DELETE			3.1 TITLE					☐ Change	☐ Addition	
NAME	LANCHFIELD, JAMES		3 2 NA	3.2 NAME							
	4361 NETTLEWOOD CT			3.3 STREET ADDRESS							
STREET ADDRESS				4. CITY-ST-ZIP					-	ایما	
CITY-ST-ZIP TITLE						9677	SD.		☐ Change	Addition	
		Land Discussion	4.2 N			10	no Dunt				
NAME CTREET ADDRESS	Į			3 STREET ADDRESS		170	ne Hunt 106 Hollygotters.				
STREET ADDRESS				4 CITY-ST-ZIP		177	Kennyith EI 22	አ ናጻ			
CITY-ST-ZIP				TITLE		VUL	MUNICHTON	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Change	Addition	
TITLE		L. 0000	5.1 N						<u> </u>	_	
NAME CTREET ADDRESS					ADDRESS						

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Addition

Change

Mar 04, 1999 8:00 am g Secretary of State

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