

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90053 015 ****61.25

DOCUMENT # N47521

1. Entity Name

HOOD LANDING POINT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4421 HOLLYGATE COURT
 JACKSONVILLE FL 32258
 US**

~~4421~~ **HOLLYGATE DR.
 JACKSONVILLE FL 32258
 US**

2. Principal Place of Business

3. Mailing Address

12644 Thickett Ridge Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

4. FEI Number

59-3127161

Applied For

Not Applicable

Zip

Country

Zip

Country

32258

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, DARLENE
 12644 MILLS RIDGE LANE
 JACKSONVILLE FL 32258**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: **JOSEPH, DARLENE**
 STREET ADDRESS: **12644 MILLS RIDGE LN**
 CITY-ST-ZIP: **JACKSONVILLE FL 32258**

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

TITLE: TD Delete
 NAME: ~~VENTERS, TERRI S~~
 STREET ADDRESS: **4436 HOLLYGATE CT**
 CITY-ST-ZIP: **JACKSONVILLE FL 32258**

TITLE: **Treasurer** Change Addition
 NAME: **Mary Ferrell**
 STREET ADDRESS: **12644 Thickett Ridge Dr.**
 CITY-ST-ZIP: **Jacksonville, FL 32258**

TITLE: VPD Delete
 NAME: **BLANCHFIELD, JAMES**
 STREET ADDRESS: **4361 NETTLEWOOD CT**
 CITY-ST-ZIP: **JACKSONVILLE FL 32258**

TITLE: **Vice President** Change Addition
 NAME: **Matt Samuelson**
 STREET ADDRESS: **4406 Hollygate Dr.**
 CITY-ST-ZIP: **Jacksonville, FL 32258**

TITLE: SD Delete
 NAME: **HUNT, JANE**
 STREET ADDRESS: **4406 HOLLYGATE DR**
 CITY-ST-ZIP: **JACKSONVILLE FL 32258**

TITLE: **Secretary** Change Addition
 NAME: **Lawrence Stornio**
 STREET ADDRESS: **4352 Hollygate Drive**
 CITY-ST-ZIP: **Jacksonville, FL 32258**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

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:

Joseph Darlene President X 904 4217 928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)