


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90016 002 ****61.25

DOCUMENT # N47521
 1. Entity Name
HOOD LANDING POINT ASSOCIATION, INC.



Principal Place of Business: **12628 MILLS RIDGE LN. JACKSONVILLE FL 32258 US**
 Mailing Address: **12628 MILLS RIDGE LN JACKSONVILLE FL 32258 US**

54066770



MOORE CR2E037 (4/04)

2. Principal Place of Business: **4327 Hollygate DR, Suite, Apt. #, etc.**
 3. Mailing Address: **4327 Hollygate Drive Suite, Apt. #, etc.**

City & State: **Jacksonville FL**
 City & State: **Jacksonville FL**
 Zip: **32258** Country: **Duval**
 Zip: **32258** Country: **Duval**

4. FEI Number: **59-3127161**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**DEPEU, KEITH
 12628 MILLS RIDGE LANE
 JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent
 Name: **Adam Haberman**
 Street Address (P.O. Box Number is Not Acceptable): **4327 Hollygate Drive**
 City: **Jacksonville FL** Zip Code: **32258**

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: **Adam Haberman (ny)** (NOTE: Registered Agent signature required when reinstating)
 DATE: **08-01-04**

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	PD DEPEU, KEITH	<input type="checkbox"/> Delete
STREET ADDRESS	12628 MILLS RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME	TD FARRELL, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	12644 THICKET RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME	VD JOSEPH, DARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	12644 MILLS RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME	SD HOWELL, RAIGE	<input type="checkbox"/> Delete
STREET ADDRESS	4420 HOLLYGATE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME	D VENTERS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	4436 HOLLYGATE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ADAM HABERMAN 4327 HOLLYGATE DRIVE JACKSONVILLE FL 32258	
TITLE NAME	Treasurer & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	no change	
TITLE NAME	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Darlene Joseph 12644 Mills Ridge Lane JAX, FL 32258	
TITLE NAME	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Keith Depew 12628 Mills Ridge Lane JAX, FL 32258	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Mary Farrell** (904) **08-01-05** **288-6196**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #