


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90010 023 ****61.25

DOCUMENT # N47521

1. Entity Name
HOOD LANDING POINT ASSOCIATION, INC.



Principal Place of Business
**4327 HOLLYGATE DR
 JACKSONVILLE, FL 32258 US**

Mailing Address
**4327 HOLLYGATE DR
 JACKSONVILLE, FL 32258 US**

14019328



2. Principal Place of Business
12644 Mills Ridge Lane
 Suite, Apt. #, etc.

3. Mailing Address
12644 Mills Ridge Lane
 Suite, Apt. #, etc.

08182005 Chg-NP CR2E037 (10/03)

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32258 Country
USA

Zip
32258 Country
USA

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

**HABERMAN, ADAM
 4327 HOLLYGATE DR
 JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent

Name: **Joseph, Darlene**

Street Address (P.O. Box Number is Not Acceptable)
12644 Mills Ridge Lane

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: *Keith DePew* **TO** DATE: **9-5-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 7, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HABERMAN, ADAM	
STREET ADDRESS	4327 HOLLYGATE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, MARY	
STREET ADDRESS	12644 THICKET RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOSEPH, DARLENE	
STREET ADDRESS	12644 MILLSRIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEPEW, KEITH	
STREET ADDRESS	12628 MILLS RIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph, Darlene	
STREET ADDRESS	12644 mills Ridge Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DePew, Keith	
STREET ADDRESS	12628 mills Ridge Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Erica	
STREET ADDRESS	4428 Hollygate Court	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	VO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conner, Susan	
STREET ADDRESS	4314 Hollygate Drive	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Keith DePew* DATE: **9-5-05** DAYTIME PHONE #: **904-880-0317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #