

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-04-2006 90139 011 ****61.25

DOCUMENT # N47521

1. Entity Name

HOOD LANDING POINT ASSOCIATION, INC.



Principal Place of Business

12644 MILLSRIDGE LANE
 JACKSONVILLE FL 32258
 US

Mailing Address

12644 MILLSRIDGE LANE
 JACKSONVILLE FL 32258
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3127161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DARLENE, JOSPEH
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Darlene Joseph

(NOTE: Registered Agent signature required when re-registering)

3/28/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME DARLENE, JOSEPH
 STREET ADDRESS 12644 MILLS ROAD LANE
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME Joseph, Darlene
 STREET ADDRESS 12644 mills ridge lane
 CITY-ST-ZIP Jacksonville, Fl 32258

TITLE TD Delete
 NAME DEPOW, KEITH
 STREET ADDRESS 12628 MILLS RIDGE LANE
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME To Depew, Keith
 STREET ADDRESS 12628 mills ridge lane
 CITY-ST-ZIP Jacksonville, FL 32258

TITLE SD Delete
 NAME JOSEPH, DARLENE
 STREET ADDRESS 12644 MILLSRIDGE LANE
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME ~~SD~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME DEPEW, KEITH
 STREET ADDRESS 12628 MILLS RIDGE LANE
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME KELLY, ERICA
 STREET ADDRESS 4428 HOLLYGATE COURT
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME CONNER, SUSAN
 STREET ADDRESS 4314 HOLLYGATE DRUVE
 CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Darlene Joseph

Pres: 4-10-06

cell 904-2347500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #