

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001190

FILED
Jan 13, 2009
Secretary of State

Entity Name: HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.

Current Principal Place of Business:

6850 SWEET BAY CT
COCOA, FL 32927 US

New Principal Place of Business:

6990 HUNDRED ACRE DRIVE
COCOA, FL 32927 US

Current Mailing Address:

P.O. BOX 10113
PORT ST. JOHN, FL 32927 US

New Mailing Address:

FEI Number: 59-3480943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PAUL RAGONA
6850 SWEET BAY COURT
COCOA, FL 32927 US

Name and Address of New Registered Agent:

PAUL LYONS
6990 HUNDRED ACRE DRIVE
COCOA, FL 32927 US

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: PAUL LYONS

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAGONA, PAUL
Address: 6850 SWEET BAYCT.
City-St-Zip: COCOA, FL 32927

Title: VD () Delete
Name: TURNER, ERNEST
Address: 6920 HUNDRED ACRE DR.
City-St-Zip: PORT ST. JOHN, FL 32927

Title: SD () Delete
Name: PANTANO, STEVE
Address: 6915 HUNDRED ACRE DR
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: LACOSTA, LOIS
Address: 6755 HUNDRED ACRE DR
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LYONS, PAUL
Address: 6990 HUNDRED ACRE DRIVE
City-St-Zip: COCOA, FL 32927

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LACOSTE, LOIS
Address: 6755 HUNDRED ACRE DR
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS LACOSTE

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date