

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:42

DOCUMENT # N93000003635 (0)

1. Corporation Name

HOAGEN KEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SRC
7290-424 COLLEGE PKWY
FT MYERS FL 33907
US

126 E 56TH ST
10TH FLOOR
NEW YORK NY 10022
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

3a. Date of Last Report

08/17/1994

4. FEI Number

22-3254596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYMANS, MICHAEL P
2315 AARON ST.
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
VAN CLIEF, MARY A
126 E 56TH ST, 10 FL
NEW YORK NY

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

P/O
VAN CLIEF, MARY A
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VP
BIGGS, VICTOR
7290-424 COLLEGE PKWY
FT MYERS FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

VP/D
BIGGS, VICTOR
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VPT
PEREIRA, JEANETTE
126 E 56TH ST, 10 FL
NEW YORK NY

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

VP/T/D
PEREIRA, JEANETTE
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
S
HALL, VALERIE
7290-424 COLLEGE PKWY
FT MYERS FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

S/D
HALL, VALERIE
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE:

Mary Ann Van Clief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Ann Van Clief

President 2/23/95 (212)644-0774
DATE SIGNATURE