2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004587

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAINT AUGUSTINE, FL 32084

SAINT AUGUSTINE, FL 32084

ELMORE, CARTARA

808 W. 15TH ST.

() Delete

FILED Sep 06, 2006 Secretary of State

Entity Name: HADLEY HABITAT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7 HOPKINS ST. SAINT AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 7 HOPKINS ST SAINT AUGUSTINE, FL 32084 FEI Number: 59-3612838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROUSE, ANGELA SMITH, CONNIE 837 W. 15TH ST. 804 W. 15TH ST ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 US 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: CONNIE SMITH 09/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KEARSE, LIZ MITCHELL, QWANDA Name: Name: 841 W 15TH STREET Address: 1100 S ST. JOHNS STREET Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: Title: () Change () Addition () Delete SMITH, ELIOT A Name: Name: Address: 325 MARSHSIDE DRIVE NORTH Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROUSE, ANGELA Name: SMITH, CONNIE Name: 804 W 15TH ST. Address: 837 W 15TH ST. Address: SAINT AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: (X) Change () Addition DELEON, PEDRO Name: Name: MITCHELL, QWANDA Address: 829 W. 15TH ST. Address: 1100 S. ST. JOHNS ST.

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAINT AUGUSTINE, FL 32084

SAINT AUGUSTINE, FL 32084

BOGARDUS, JANINE

7 HOPKINS STREET.

(X) Change () Addition

SIGNATURE: ELIOT SMITH D 09/06/2006