2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# N98000004587

Entity Name: HADLEY HABITAT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 HOPKINS ST.
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

7 HOPKINS ST.
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3612838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CONNIE
804 W. 15TH ST.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MITCHELL, QWANDA
Address: 1100 S ST. JOHNS STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: SMITH, ELIOT A
Address: 325 MARSHSIDE DRIVE NORTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P ( ) Delete
Name: SMITH, CONNIE
Address: 804 W 15TH ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V ( ) Delete
Name: MITCHELL, QWANDA
Address: 1100 S. ST. JOHNS ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T ( ) Delete
Name: BOGARDUS, JANINE
Address: 7 HOPKINS STREET.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change ( ) Addition
Name: SMITH, ELIOT
Address: 325 MARSHSIDE DRIVE NORTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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.

SIGNATURE: ELIOT SMITH T 10/18/2006

Electronic Signature of Signing Officer or Director — Date