

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90021 018 ***150.00

DOCUMENT # P05000155116

1. Entity Name
HHC COOPER CITY, INC.



Principal Place of Business
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067**

Mailing Address
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067**

50000509



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3854085

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **WHITE, DAVID K**
STREET ADDRESS **1500 WATERS RIDGE DRIVE**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **DVPT** ☐ Delete
NAME **PITTS, JOHN E**
STREET ADDRESS **1500 WATERS RIDGE DRIVE**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **VP** ☐ Delete
NAME **MONAHAN, BRIAN**
STREET ADDRESS **1500 WATERS RIDGE DR**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **DVPS** ☐ Delete
NAME **MEYERCORD, DAVID K**
STREET ADDRESS **1500 WATERS RIDGE DRIVE**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **VP** ☒ Delete
NAME **ROHALL, ROGER**
STREET ADDRESS **1500 WATERS RIDGE DRIVE**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **VP** ☒ Delete
NAME **LISAGOR, N. MATTHEW**
STREET ADDRESS **1500 WATERS RIDGE DRIVE**
CITY-ST-ZIP **LEWISVILLE, TX 75057**

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

TITLE **President** ☐ Change ☒ Addition
NAME **Frank Baumann**
STREET ADDRESS **2941 S. Lake Vista Dr.**
CITY-ST-ZIP **Lewisville, TX 75067**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **John Pitts**
STREET ADDRESS **2941 S. Lake Vista Dr.**
CITY-ST-ZIP **Lewisville, TX 75067**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Brian Monahan**
STREET ADDRESS **2941 S. Lake Vista Dr.**
CITY-ST-ZIP **Lewisville, TX 75067**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **David Meyercord**
STREET ADDRESS **2941 S. Lake Vista Dr.**
CITY-ST-ZIP **Lewisville, TX 75067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Chapter 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Monahan

Date

1/10/07

Daytime Phone #

(972) 420-8358