

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90522 012 \*\*\*150.00

**DOCUMENT # P93000024203**

1. Entity Name

HGI ASSOCIATES, INC.



Principal Place of Business

7100 RADICE CT  
STE 604  
LAUDERHILL FL 33319  
US

Mailing Address

7040 W PALMETTO PARK RD  
# 49625  
BOCA RATON FL 33433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 4-625

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0402690

Applied For

Not Applicable

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

SWARTZ, RONALD  
7100 RADICE CT.  
UNIT-604  
LAUDERHILL FL 33319

Name

RONALD SWARTZ

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

23504 MIRABELLA CIRCLE SOUTH

City

BOCA RATON

FL

Zip Code

33433

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME SWARTZ, CLARA  
STREET ADDRESS 7100 RADICE COURT # 604  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE PT ☒ Delete  
NAME SWARTZ, RONALD  
STREET ADDRESS 7100 RADICE COURT # 604  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

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

TITLE VPF ☐ Delete  
NAME SWARTZ, WILLIAM 2  
STREET ADDRESS 263 HUNTLEY CT  
CITY-ST-ZIP CASTLE ROCK CO 80104

TITLE PT ☒ Change ☐ Addition  
NAME SWARTZ, WILLIAM Z  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 exemption stated in Section 119.07(3)(i), 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:

*Clara Swartz*

CLARA SWARTZ

4/20/04

561-750-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #