

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059983

FILED
Jul 15, 2004
Secretary of State

Entity Name: HIAWASSEE WOODS SHOPPING CENTER, INC.

Current Principal Place of Business:

6849 WEST COLONIAL DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

17945 SW 88TH GRIMBALL AVE
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3456579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, DAVID
17945 SE 88TH GRIMBALL DR
THE VILLAGES, FL 33162

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ABRAMS, MARJORIE
Address: 17945 SE 88TH GRIMBALL AVE
City-St-Zip: THE VILLAGES, FL 32162

Title: VP () Delete
Name: ABRAMS, DAVID
Address: 17945 SE 88TH GRIMBALL AVE
City-St-Zip: THE VILLAGES, FL 32162

Title: S () Delete
Name: DUGUETTE, LAURIE
Address: 2129 NEWVICTOR RD
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DUGUETTE, LAURIE
Address: 685 GREENSBORO AVE
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ABRAMS

VP

07/15/2004

Electronic Signature of Signing Officer or Director

Date