

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059983

FILED  
Jul 23, 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

**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: DUQUETTE, LAURIE  
Address: 685 GREENSBORO AVE  
City-St-Zip: THE VILLAGES, FL 32162

**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:

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

07/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date