

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 028 ***150.00

DOCUMENT #P97000059983

1. Entity Name

HIAWASSEE WOODS SHOPPING CENTER, INC.



Principal Place of Business

Mailing Address

~~6849 WEST COLONIAL DRIVE~~
~~ORLANDO FL 32810~~

17945 SW 88TH GRIMBALL AVE
THE VILLAGES FL 32162

~~684930~~ GAMEAS

2. Principal Place of Business

17945 SE 88 GRIMBALL AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

THE VILLAGES FL

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3456579

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

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

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/7/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
ABRAMS, MARJORIE
17945 SE 88TH GRIMBALL AVE
THE VILLAGES FL 32162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ABRAMS, DAVID
17945 SE 88TH GRIMBALL AVE
THE VILLAGES FL 32162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUQUETTE, LAURIE
685 GREENSBORO AVE
THE VILLAGES FL 32162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #