

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000423

**Entity Name:** HD 7-19 NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC6025118092**

**Current Principal Place of Business:**

C/O MICHAEL P. HAYMANS ATT'Y AT LAW, P. A.  
215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

C/O MICHAEL P. HAYMANS ATT'Y AT LAW, P. A.  
215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL 33950

**FEI Number: 81-1157622**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAYMANS, MICHAEL P ESQ.  
215 WEST OLYMPIA AVENUE  
PUNTA GORDA, FL 33950 US

*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

**Officer/Director Detail :**

Title PD  
Name COWPERTHWAIT, CHRIS  
Address P. O. BOX 1983, 1221 W. 12TH STREET  
City-State-Zip: BOCA GRANDE FL 33921

Title VPD  
Name HUGHES, DEB  
Address BOX 1234, 1241 W. 12TH STREET  
City-State-Zip: BOCA GRANDE FL 33921

Title SD  
Name EUWER, LILY  
Address BOX 8, 1721 W. 17TH STREET  
City-State-Zip: BOCA GRANDE FL 33921

Title TD  
Name GALLIHER, DAVID  
Address BOX 514, 1920 W. 19TH STREET  
City-State-Zip: BOCA GRANDE FL 33921

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRIS COWPERTHWAIT**

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date