

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710428 (4)**

1. Corporation Name  
**HAWTHORNE BAY, INC.**



Principal Place of Business <b>1332 BAYVIEW DRIVE FORT LAUDERDALE FL 33304</b>	Mailing Address <b>1332 BAYVIEW DRIVE FORT LAUDERDALE FL 33304-1673</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/25/1966</b>	3a. Date of Last Report <b>03/18/1996</b>
21	26	4. FEI Number <b>59-1165209</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LISKA, CHARLES W 1332 BAYVIEW DR APT. 406 33304</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LISKA, CHARLES W</b>			1.2 NAME	<b>LULLA, GERTRUDE</b>		
STREET ADDRESS	<b>1332 BAYVIEW DRIVE</b>			1.3 STREET ADDRESS	<b>1332 BAYVIEW DRIVE</b>		
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>			1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOUSHEGIAN, ROBERT</b>			2.2 NAME	<b>VICKI L. GATES</b>		
STREET ADDRESS	<b>1332 BAYVIEW DR.</b>			2.3 STREET ADDRESS	<b>1332 BAYVIEW DRIVE</b>		
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>			2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COURY, ALBERT JR.</b>			3.2 NAME			
STREET ADDRESS	<b>1332 BAYVIEW DR.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULVEY, BERNADETTE M.</b>			4.2 NAME			
STREET ADDRESS	<b>1332 BAYVIEW DRIVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRUNI, MARILYN</b>			5.2 NAME			
STREET ADDRESS	<b>1332 BAYVIEW DRIVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Charles W. Liska* **CHARLES W. LISKA** 3/4/97 (889) 565-5313

CP2E037 (9/96)