

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730945** (3)

1. Corporation Name

HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2815 W. HAWTHORNE RD.
TAMPA FL 33611**

**2815 W. HAWTHORNE RD.
TAMPA FL 33611**

3. Date Incorporated or Qualified
10/24/1974

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **2821 W. Hawthorne Road**

26 **2821 W. Hawthorne Road**

4. FEI Number

59-1670860

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State
Tampa, Florida

28 City & State
Tampa, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 **33611**

25 **HILLSBOROUGH**

Zip

Country

29 **33611**

30 **HILLSBOROUGH**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, STEVEN A.
ANDERSON & ORCUTT, P.A.
101 E. KENNEDY, #1870
TAMPA FLORIDA 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE **PD** ☒ Change ☐ Addition

NAME **MORRIS, ELEANOR**
STREET ADDRESS **2807 HAWTHORNE ROAD**
CITY-ST-ZIP **TAMPA, FL 00000**

1.2 NAME **TOOLE, FRANCES**
1.3 STREET ADDRESS **2821 Hawthorne Road**
1.4 CITY-ST-ZIP **Tampa, Florida 33611**

TITLE **VD** ☐ DELETE

2.1 TITLE **VD** ☒ Change ☐ Addition

NAME **TOOLE, FRANCES**
STREET ADDRESS **2821 HAWTHORNE RD**
CITY-ST-ZIP **TAMPA, FL 00000**

2.2 NAME **BROWN, CLINT**
2.3 STREET ADDRESS **2817 Hawthorne Rd.**
2.4 CITY-ST-ZIP **Tampa, Florida 33611**

TITLE **TSD** ☐ DELETE

3.1 TITLE **SD** ☒ Change ☐ Addition

NAME **BANKS, CHARLES**
STREET ADDRESS **2811 W. HAWTHORNE RD.**
CITY-ST-ZIP **TAMPA FL**

3.2 NAME **Gill, Melissa**
3.3 STREET ADDRESS **2815 Hawthorne Rd.**
3.4 CITY-ST-ZIP **Tampa, Florida 33611**

TITLE ☐ DELETE

4.1 TITLE **TD** ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME **BODENSTEIN, ESTELLE**
4.3 STREET ADDRESS **2819 Hawthorne Rd.**
4.4 CITY-ST-ZIP **Tampa, Florida 33611**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Banks* Charles Banks

TSD

3/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)