FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 730945

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2821 W HAWTHORNE ROAD TAMPA FL 33611 US	2819 HAWTHORNE RD. Tampa FL 33611 US

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90068 006 ****61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/24/1974

59-1670860

4. FEI Number

23			28					"	Certificate of 3	tatus Desired	ليها	Fee Red	quired
	Zip	Cou 25		Zip	30	Country		6.	Election Camp	aign Financing		\$5.00 i Added to	, ,
24	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
_						81	Name						
	DODGLIGHTINI FOTFILE					82	D4 A	(0	O. Day Myssik	er is Not Accept	table)		
	DODERO PERO, EOTELLE					62	Street A	aaress (P	O. BOX NUMBE	ar is Not Accept	able)		
2819 HAWTHORNE RD.					83			····					
TAMPA FLORIDA FL 33611											85 Zip C	'ada	
						84	City				<u>FL</u>	.]	<u>.</u>
11	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.												
Si	GNATURE		name of registered agent and titl	a if contingals	/NOTE: Pagi	intered Agen	t signature rec	uired when re	instation)		DATE		
12		Signature, typed or printed r	OFFICERS AND DIR		(1012.100	13.	t agriculture roc			IANGES TO OF		ND DIRECTO	RS IN 12
TITL		PD			DELETE	1.1 TITLE						☐ Change	Addition
NA	Æ	ROHRER, WILLIA	М			1.2 NAME							
STE	EET ADDRESS	2827 HAWTHOR				1.3 STREET	ADDRESS			•			
i	Y-ST-ZIP	TAMPA FL 33611]			1.4 CITY- \$1	r-ZIP						
TITE		VD			DELETE	2.1 TITLE						☐ Change	☐ Addition
NA	Æ .	TOOLE, FRANCE	:S			2.2 NAME							
STF	EET ADDRESS	2821 HAWTHORI	NE ROAD		1	2.3 STREET	ADDRESS						
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πι	E	SD			DELETE	3.1 TITLE	-					☐ Change	☐ Addition
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STF	EET ADORESS	2827 HAWTHORI				3.3 STREET	ADDRESS						
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тп	E	TD		U !	DELETE	4.1 TITLE	1					☐ Change	·
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	REET ADDRESS					6.3 STREET	ADORESS						
_	Y-ST-ZIP				Į	6.4 CITY-S	T-ZIP						
UII	1-91-4IF												

14. 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 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, with all other like empowered.

SIGNATURE

Applied For

\$8.75 Additional

Fee Required

Not Applicable