

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730945

1. Entity Name

HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2821 W HAWTHORNE ROAD
TAMPA FL 33611
US

Mailing Address

2819 HAWTHORNE RD.
TAMPA FL 33611-2827
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1670860

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BODENSTEIN, ESTELLE
2819 HAWTHORNE RD.
TAMPA FLORIDA FL 33611

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME ROHRER, WILLIAM
STREET ADDRESS 2827 HAWTHORNE RD
CITY-ST-ZIP TAMPA FL 33611

TITLE VD ☐ Delete

NAME TOOLE, FRANCES
STREET ADDRESS 2821 HAWTHORNE ROAD
CITY-ST-ZIP TAMPA FL 33611

TITLE SD ☐ Delete

NAME ROHRER, EMILY
STREET ADDRESS 2827 HAWTHORNE ROAD
CITY-ST-ZIP TAMPA FL 33611

TITLE TD ☐ Delete

NAME BODENSTEIN, ESTELLE
STREET ADDRESS 2821 W HAWTHORNE ROAD
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

813-221-1770

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90066 028 ****61.25

951944



DO NOT WRITE IN THIS SPACE