

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
 03-20-2001 90023 036 ****61.25

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
 US

2. Principal Place of Business

711 N. FLORIDA AVE PO Box 1336
 Suite, Apt. #, etc. #229

3. Mailing Address

Suite, Apt. #, etc.

City & State
 TAMPA, FL

City & State
 TAMPA, FL

Zip
 33602

Country

Zip

33601

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 FL 33611

7. Name and Address of New Registered Agent

Name **CHARLES M. BANKS**
 Street Address (P.O. Box Number is Not Acceptable)
 711 N. FLORIDA AVE.
 City **TAMPA** **FL** Zip Code **33602**

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

Charles M Banks

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROHRER, WILLIAM 2827 HAWTHORNE RD TAMPA FL 33611	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOOLE, FRANCES 2821 HAWTHORNE ROAD TAMPA FL 33611	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROHRER, EMILY 2827 HAWTHORNE ROAD TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BODENSTEIN, ESTELLE 2821 W HAWTHORNE ROAD TAMPA FL 33611	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, Kenneth 2905 HAWTHORNE RD. TAMPA, FL 33611	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, ELEANOR 2807 HAWTHORNE RD. TAMPA, FL 33611	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANKS, CHARLES M. 2811 HAWTHORNE RD. TAMPA, FL 33611	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Charles M Banks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 812 221-1770

Date

Daytime Phone #

CR2E037 (10/00)