2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90366 045 ****61.25

0039386

DOCUMENT # 730945

1. Entity Name

HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
711 N FLORIDA AVE # 229 TAMPA FL 33602 US	P O BOX 1336 TAMPA FL 33601 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2817 HAWTHORNE Rd	2817 HAWTHORNE Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33611 Country	Zip: 33611 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	7. Name and Address of New Registered Agent
BANKS, CHARLES M 711 N FLORIDA AVE # 229 TAMPA FL 33602	Name: ANN KERR Street Address (P.O. Box Number is Not Acceptable): 2817 HAWTHORNE Rd. City: TAMPA FL Zip Code: 33611

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: Ann Lowthorpe Kerr
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			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	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORRIS, ELEANOR 2807 HAWTHORNE RD TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROHRER, EMILY 2827 HAWTHORNE ROAD TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BANKS, CHARLES M 2811 HAWTHORNE RD TAMPA FL 33611	☒ Delete	TD KERR, ANN 2817 HAWTHORNE RD TAMPA, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: ELEANOR M. MORRIS SIGNATURE REQUIRED 2/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #