

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90027 013 ****61.25

DOCUMENT # N00000006444

1. Entity Name

HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14952 US 90
 LIVE OAK FL 32060

14952 US 90
 LIVE OAK FL 32060

2. Principal Place of Business

3. Mailing Address

14952 US 90

14952 US 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Live Oak, FL

Live Oak, FL

Zip

Country

Zip

Country

32060

US

32060

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWSON, WALTER J
 14952 US 90
 LIVE OAK FL 32060

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME DP
 STREET ADDRESS LAWSON, WALTER J
 CITY-ST-ZIP 14952 US 90
 LIVE OAK FL 32060

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DST
 STREET ADDRESS LAWSON, NORMA A
 CITY-ST-ZIP 14952 US 90
 LIVE OAK FL 32060

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DV
 STREET ADDRESS HAWTHORNE, LLOYD C
 CITY-ST-ZIP 16649 N CR 349
 MCALPIN FL 32062

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Walter J. Lawson* **Walter J. Lawson** 4-19-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

UBR0159