


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N0000006444
 1. Entity Name
HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 14952 US 90 14952 US 90
 LIVE OAK, FL 32060 LIVE OAK, FL 32060

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04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3673864 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

LAWSON, WALTER J
 14952 US 90
 LIVE OAK, FL 32060

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11. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when certifying)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAWSON, WALTER J 14952 US 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAWSON, NORMA A 14952 US 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAWTHORNE, LLOYD C 16649 N CR 349 MCALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Norma A. Lawson* 4-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Anytime Phone #)