


**2007 NOT-FOR-PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006444

1. Entity Name
HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 14952 US 90 LIVE OAK, FL 32060	Mailing Address 14952 US 90 LIVE OAK, FL 32060
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03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3673664	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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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04/20/07-80062-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **4-9-07 386-362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #