

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006444

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

14952 US 90  
LIVE OAK, FL 32060

## New Principal Place of Business:

4367 SILVERWOOD LANE  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

14952 US 90  
LIVE OAK, FL 32060

## New Mailing Address:

4367 SILVERWOOD LANE  
JACKSONVILLE, FL 32207 US

FEI Number: 59-3673664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LOCKE, FREDERICK P  
4367 SILVERWOOD LANE  
JACKSONVILLE, FL 32207 US

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: FREDERICK P. LOCKE

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAWSON, WALTER J  
Address: 14952 US 90  
City-St-Zip: LIVE OAK, FL 32060

Title: DST ( ) Delete  
Name: LAWSON, NORMA A  
Address: 14952 US 90  
City-St-Zip: LIVE OAK, FL 32060

Title: DV ( ) Delete  
Name: HAWTHORNE, LLOYD C  
Address: 16649 N CR 349  
City-St-Zip: MCALPIN, FL 32062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: LOCKE, FREDERICK  
Address: 4367 SILVERWOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VSD (X) Change ( ) Addition  
Name: LOCKE, CELITA  
Address: 4367 SILVERWOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change ( ) Addition  
Name: BELLO, MARTHA  
Address: 8060 WESTPORT ST  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK LOCKE

PTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date