2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90053 025 ****61.25

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1. Entity Name
HAWTHORNE COMMUNITY ASSOCIATION, INC.

40021552

Principal Place of Business	Mailing Address
5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108	5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108

01262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-4392501
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BOULEVARD, SUITE 600
NAPLES, FL 34108

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	SHIPP, ESTELLE K
STREET ADDRESS	5801 PELICAN BAY BOULEVARD, SUITE 600
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DV
NAME	BEITER, DAN
STREET ADDRESS	5801 PELICAN BAY BOULEVARD, SUITE 600
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DST
NAME	UNSINN, DIANA
STREET ADDRESS	5801 PELICAN BAY BOULEVARD, SUITE 600
CITY-ST-ZIP	NAPLES, FL 34108
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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR