2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N05000011788

Entity Name: HAWTHORNE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5801 PELICAN BAY BOULEVARD, SUITE 600
NAPLES, FL 34108

New Principal Place of Business:

27499 RIVERVIEW CENTER BOULEVARD
SUITE 238
BONITA SPRINGS, FL 34134

Current Mailing Address:

5801 PELICAN BAY BOULEVARD, SUITE 600
NAPLES, FL 34108

New Mailing Address:

27499 RIVERVIEW CENTER BOULEVARD
SUITE 238
BONITA SPRINGS, FL 34134

FEI Number: 20-4392501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AVALLONE, FRANCO
27499 RIVERVIEW CENTER BOULEVARD
SUITE 238
BONITA SPRINGS, FL 34134 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: FRANCO AVALLONE 04/15/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHIPP, ESTELLE K
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: DV ( ) Delete
Name: BEITER, DAN
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: DST ( ) Delete
Name: UNSINN, DIANA
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LANDRESS, JOHN
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: DV (X) Change ( ) Addition
Name: CANALE, RICK
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: DST (X) Change ( ) Addition
Name: ORTH, MATT
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

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: MATT ORTH STD 04/15/2008
Electronic Signature of Signing Officer or Director Date