
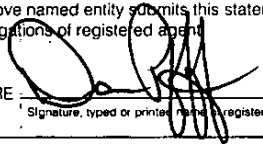



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90174 036 ****70.00

DOCUMENT # N02000006838					
1. Entity Name HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5535 GREY HAWK LN LAKELAND, FL 33810			Mailing Address P.O. BOX 945 KATHLEEN, FL 33849		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1650496	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PFAFF, DANA 5535 GREY HAWK LN LAKELAND, FL 33810			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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		 DANA PFAFF - President		DATE 4/29/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PFAFF, DANA		NAME		
STREET ADDRESS	P.O. BOX 945		STREET ADDRESS		
CITY-ST-ZIP	KATHLEEN, FL 33849		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, THEODORE		NAME	DVP MALLARD, VERSIE	
STREET ADDRESS	P.O. BOX 945		STREET ADDRESS	P.O. BOX 945	
CITY-ST-ZIP	KATHLEEN, FL 33849		CITY-ST-ZIP	KATHLEEN, FL 33849	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLIN, PERRY		NAME		
STREET ADDRESS	P.O. BOX 945		STREET ADDRESS		
CITY-ST-ZIP	KATHLEEN, FL 33849		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXTON, BRADLEY		NAME		
STREET ADDRESS	P.O. BOX 945		STREET ADDRESS		
CITY-ST-ZIP	KATHLEEN, FL 33849		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, EMILIO		NAME		
STREET ADDRESS	P.O. BOX 945		STREET ADDRESS		
CITY-ST-ZIP	KATHLEEN, FL 33849		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Bradley J. Saxton, Treasurer 4/29/08 (863) 816-7536					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					