2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N02000006838

Entity Name: HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5535 GREY HAWK LN
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 945
KATHLEEN, FL 33849

New Mailing Address:

FEI Number: 16-1650496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PFAFF, DANA
5535 GREY HAWK LN
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	PFAFF, DANA	
Address:	P.O. BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	
Title:	DS	( ) Delete
Name:	KIRKLIN, PERRY	
Address:	P.O. BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	
Title:	DT	( ) Delete
Name:	SAXTON, BRADLEY	
Address:	P.O. BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	
Title:	D	( ) Delete
Name:	PEREZ, EMILIO	
Address:	P.O. BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	
Title:	DVP	( ) Delete
Name:	MALLARD, VERSIE	
Address:	POST OFFICE BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	SKILLERN, LINDA	
Address:	P.O. BOX 945	
City-St-Zip:	KATHLEEN, FL 33849	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: DANA PFAFF DP 02/06/2009

Electronic Signature of Signing Officer or Director — Date