

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708428

Entity Name: HAWTHORNE VILLAGE, INC.**Current Principal Place of Business:**7101 EAST TROPICAL WAY
PLANTATION, FL 33317**Current Mailing Address:**7101 EAST TROPICAL WAY
PLANTATION, FL 33317**FEI Number:** 59-1233498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GATEWOOD, LONNIE
7143 EAST TROPICAL WAY
PLANTATION, FL 33317 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	GATEWOOD, LONNIE O
Address	7143 E. TROPICAL WAY
City-State-Zip:	PLANTATION FL

Title	D, VP
Name	STEINBERG, HAL
Address	7185 EAST TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	D, ASST. TREASURER
Name	FORTUNATO, DEBRA
Address	7160 EAST TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR, SECRETARY
Name	TINGLE, PEGGY
Address	7142 EAST TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	CARTO, JOE
Address	7178 E TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR, PRESIDENT
Name	LECOUNT, MARNETT
Address	7249 EAST TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	ROMINGER, ROSEMARY
Address	7254 EAST TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

I hereby 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 all other like empowered.

SIGNATURE: LONNIE GATEWOOD

D, T

04/29/2015

Electronic Signature of Signing Officer/Director Detail_____
Date