

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730945

**Entity Name:** HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2805 W. HAWTHORNE RD  
TAMPA, FL 33611**Current Mailing Address:**2805 W. HAWTHORNE RD  
TAMPA, FL 33611 US**FEI Number:** 59-1670860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, KENEATH FJR  
2805 W HAWTHORNE RD  
TAMPA, FL 33611 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	PRESIDENT
Name	ROBINSON, KENEATH F JR
Address	2805 W. HAWTHORNE RD
City-State-Zip:	TAMPA FL 33611

Title	VP
Name	RACHEL, ALBERT
Address	2815 HAWTHORNE RD
City-State-Zip:	TAMPA FL 33611

Title	SECRETARY
Name	FONTAINE, JACQUES DR.
Address	2813 HAWTHORNE ROAD
City-State-Zip:	TAMPA FL 33611

Title	TREASURER
Name	ROBINSON, CHRISTINE A
Address	2805 W. HAWTHORNE RD
City-State-Zip:	TAMPA FL 33611

Title	VP
Name	O'BRIEN, SUSANNAH
Address	2825 HAWTHORNE RD
City-State-Zip:	TAMPA FL 33611

Title	VP
Name	RACHEL, ALBERT
Address	2815 W HAWTHORNE RD
City-State-Zip:	TAMPA FL 33611

*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:** KENEATH F ROBINSON JR**PRESIDENT****01/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date