

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006838

Entity Name: HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3325 HAWKS RIDGE DR
LAKELAND, FL 33810**Current Mailing Address:**P.O. BOX 945
KATHLEEN, FL 33849**FEI Number: 16-1650496****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALLIN, ODALIZ MARIA
3325 HAWKS RIDGE DR
LAKELAND, FL 33810 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:** ODALIZ M WALLIN

01/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WALLIN, ODALIZ MARIA
Address P.O. BOX 945
City-State-Zip: KATHLEEN FL 33849

Title SECRETARY
Name BUSH, KAREN
Address P.O. BOX 945
City-State-Zip: KATHLEEN FL 33849

Title DIRECTOR
Name SUE , HARMON
Address P.O. BOX 945
City-State-Zip: KATHLEEN FL 33849

Title PRESIDENT
Name POWELL, CHRISTOPHER
Address P.O. BOX 945
City-State-Zip: KATHLEEN FL 33849

Title VP
Name PIOTROWSKI, CRYSTAL
Address P. O. BOX 945
City-State-Zip: KATHLEEN FL 33809

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: ODALIZ M WALLIN

TREASURER

01/31/2016

Electronic Signature of Signing Officer/Director Detail

Date