

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 408548

1. Entity Name

HAWTHORNE HILLS OF DELAND, INC.



FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 022 ***150.00

Principal Place of Business

1275 S GARFIELD AVE
DELAND FL 32724
US

Mailing Address

1275 S GARFIELD AVE
DELAND FL 32724
US



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1437791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, JANE
3125 NE 42 COURT
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE: PT <input type="checkbox"/> Delete</p> <p>NAME: GUERIN, MICHAEL</p> <p>STREET ADDRESS: 837 YALE</p> <p>CITY ST ZIP: DELAND FL 32721</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: V/S <input type="checkbox"/> Delete</p> <p>NAME: YOUNG, JANE</p> <p>STREET ADDRESS: 3125 N.E. 42ND CT.</p> <p>CITY ST ZIP: FT.LAUDERDALE FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY ST ZIP:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Jane M Young, V/S Jane G. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/07

Daytime Phone #