2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90021 042 ***150.00

DOCUMENT # 408548

1. Entity Name
HAWTHORNE HILLS OF DELAND, INC.

Principal Place of Business	Mailing Address
~~1275 S GARFIELD AVE~~ DELAND, FL 32724 US	~~1275 S GARFIELD AVE~~ DELAND, FL 32724 US

400351

01042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
560 Hawthorne Drive	560 Hawthorne Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, Fl	City & State: Deland, Fl
Zip: 32724 Country: US	Zip: 32724 Country: ~~[illegible]~~ US

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

YOUNG, JANE
3125 NE 42 COURT
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

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: Jane Young
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GUERIN, MICHAEL ~~837 YALE~~ DELAND, FL 32721	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	560 Hawthorne Drive	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S YOUNG, JANE 3125 N.E. 42ND CT. FT.LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Young 2/27/08 954-258-7198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #