

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 730945

1. Entity Name

HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2817 HAWTHORNE ROAD
TAMPA FL 33611
US**

Mailing Address

**2817 HAWTHORNE ROAD
TAMPA FL 33611
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

CR2E037 (10/06)

4. FEI Number

59-1670860

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

**KERRANN, Treasurer
2817 HAWTHORNE ROAD
TAMPA FL 33611**

Name

Same

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

Q. Longbridge Ken, Treasurer

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

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

Jan 31, 2007

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: ROBINSON, KENNETH
STREET ADDRESS: 2905 HAWTHORNE RD
CITY-ST-ZIP: TAMPA FL 33611

TITLE: VD ☐ Delete
NAME: MORRIS, ELEANOR
STREET ADDRESS: 2807 HAWTHORNE RD
CITY-ST-ZIP: TAMPA FL 33611

TITLE: SD ☐ Delete
NAME: ROHRER, EMILY
STREET ADDRESS: 2827 HAWTHORNE ROAD
CITY-ST-ZIP: TAMPA FL 33611

TITLE: TD ☐ Delete
NAME: KERR, ANN
STREET ADDRESS: 2817 HAWTHORNE ROAD
CITY-ST-ZIP: TAMPA FL 33611

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: U00000622918
CITY-ST-ZIP: 02/13/07-80045-016 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 617, 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:

Q. Longbridge Ken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2007

Date

Daytime Phone #