

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 039 ****61.25

DOCUMENT # 753087

1. Entity Name
**HAWTHORNE POND CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**2927 GANDY BLVD
TAMPA, FL 33611**

Mailing Address

**2927 GANDY BLVD
TAMPA, FL 33611**

54016112



02042004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2006656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHARP, HENRY
2927 GANDY BLVD
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STANFORD, SHIRLEY 2931 GANDY BLVD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDDP GRAY, WILLIAM 2919 GANDY BLVD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDD LAWRENCE, JEFF 137 KOKOMALEI ST HONOLULU, HI - 96818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARGENTS, DICK 2929 GANDY BLVD. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, MARIANNE 2925 GANDY BLVD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/04

813/832-3980