

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 002 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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	TD	<input type="checkbox"/> Delete
NAME	STANFORD, SHIRLEY	
STREET ADDRESS	2931 GANDY BLVD	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE	SDDP	<input type="checkbox"/> Delete
NAME	GRAY, WILLIAM	
STREET ADDRESS	2919 GANDY BLVD	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE	MD	<input type="checkbox"/> Delete
NAME	LAWRENCE, JEFF	
STREET ADDRESS	PO BOX 6147	
CITY - ST - ZIP	TAMPA FL 33608-0147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONROE, ROBERT	
STREET ADDRESS	2915 GANDY BLVD	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, MARIANNE	
STREET ADDRESS	2925 GANDY BLVD	
CITY - ST - ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

1/24/06 813/831-9198