


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

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90018 025 ****61.25

DOCUMENT # 753087 1. Entity Name HAWTHORNE POND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2927 GANDY BLVD TAMPA FL 33611			Mailing Address 2931 GANDY BLVD TAMPA FL 33611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2006656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHARP, HENRY 2927 GANDY BLVD TAMPA FL 33611				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANFORD, SHIRLEY		NAME		
STREET ADDRESS	2931 GANDY BLVD		STREET ADDRESS		
CITY ST- ZIP	TAMPA FL 33611		CITY ST- ZIP		
TITLE	SDP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAY, WILLIAM		NAME	<i>Director</i> Marianne Hall	
STREET ADDRESS	2915 GANDY BLVD		STREET ADDRESS	2925 Gandy Blvd	
CITY ST- ZIP	TAMPA FL 33611		CITY ST- ZIP	Tampa FL 33611	
TITLE	VPD'S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, JEFF		NAME	<i>Director, Secretary</i>	
STREET ADDRESS	PO BOX 6147		STREET ADDRESS		
CITY ST- ZIP	TAMPA FL 33608-0147		CITY ST- ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, CYNTHIA		NAME	<i>Director, President</i>	
STREET ADDRESS	2915 GANDY BLVD		STREET ADDRESS		
CITY ST- ZIP	TAMPA FL 33611		CITY ST- ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, DONALD		NAME	<i>Gilbert, Donald VPD</i>	
STREET ADDRESS	2923 GANDY BLVD		STREET ADDRESS		
CITY ST- ZIP	TAMPA FL 33611		CITY ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST- ZIP			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: Shirley Stanford / Director Feb. 24, 2007 813/832-3980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year