

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F64874

1. Entity Name

HAW CREEK HUNT CLUB, INC.



Principal Place of Business
279 SO CENTRAL AVE
UMATILLA FL 32784
US

Mailing Address
PO BOX 949
UMATILLA FL 32784
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

CR2E034 (10/06)

4. FEI Number **59-2313612**

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

HASLEY, DOUGLAS E.
43 MEBANE STREET
P. O. BOX 949
UMATILLA FL 32784

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAUGHN, C E JR	
STREET ADDRESS	185 E LAKEVIEW DR	
CITY-STATE-ZIP	UMATILLA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRURY, WINSTON	
STREET ADDRESS	NORTH HWY 11	
CITY-STATE-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, RICK	
STREET ADDRESS	HWY 452	
CITY-STATE-ZIP	UMATILLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASLEY, DOUGLAS E.	
STREET ADDRESS	43 MEBANE STREET	
CITY-STATE-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000599076
CITY-STATE-ZIP	01/25/07-80012-013 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 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:

Douglas E. Hasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-07 352-669-2146