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

Feb 27, 2006 08:00 AM DOCUMENT # N00000004590 **Secretary of State** 1. Entity Name HAWKINS HOMES, INC. Principal Place of Business Mailing Address 927 N.W. 6TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number City & State Applied For 65-1045273 Not Applicat Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLINGTON, CHARLES SR. Street Address (P.O. Box Number is Not Acceptable) 137 N.W. 15TH STREET POMPANO BEACH FL 33060-5434 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed traine of registered agent and trie if appreable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Florida Department of State Trust Fund Contribution. Duè By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TTTLE Change Delete TITLE BROWN, DOROTHY D NAME MARKE U00000447644 03/08/06-80066-006 70.00 3005 LAMIRAGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33319 CITY-ST-7/P मा) ह ☐ Delete TITLE ☐ Change □tè ELLINGTON, CHARLES M MAME NAME STREET ADDRESS 137 N.W. 15TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP C Delete [] Ad пке ☐ Change NAME ROBINSON, DONNETTA STREET ARGRESS 701 NW 20TH ST STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33351 CITY - ST-ZIP TOTLE ☐ Delete TITLE ☐ Change MAME ELLINGTON, CHARLES SR. MARKE STREET ADDRESS 137 N.W. 15TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33050-5434 ENTY-ST-ZIP TITLE ☐ Delete TITLE □ Change $\square \wedge$ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ail NAME MARAS STREET ADORESS STREET ADDRESS C(TY-\$T-21P City-St-Zif 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 directly 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 if changed, or on an attachment with an address with all other like empowered.

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