


**2007 NOT-FOR-PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006444</b> 1. Entity Name <b>HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>14952 US 90 LIVE OAK, FL 32060</b>	Mailing Address <b>14952 US 90 LIVE OAK, FL 32060</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3673664</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LAWSON, WALTER J 14952 US 90 LIVE OAK, FL 32060</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAWSON, WALTER J 14952 US 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAWSON, NORMA A 14952 US 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAWTHORNE, LLOYD C 16649 N CR 349 MCALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000701527  
04/20/07-80062-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **4-9-07 386-362**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #