2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # N0000006444 1. Entity Name HAWTHORNE ESTATES HOMEOWNERS' ASSOCIATION, INC.					04-14-2008 90037 048 ****61.25				
Principal Place 14952 US 90 LIVE OAK, FL)	Mailing Address 14952 US 90 LIVE OAK, FL 32060							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		115445 141441					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312008 Ch	ig-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 59-367366	4			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		\$8.75 Add	litional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New		•		
LAWSON, WALTER J			Name						
14952 US			Street Addre	ess (P.O. Box Number is N	Not Acceptab	le)			
LIVE OAK,	, i L 32000°,					·			
			City			FL	Zip Code	9	
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	gistered office or reg	gistered agent, or both, in	the State of F	ilorida. I am f	amiliar with,	and accept	
•	• •								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)		DATE			
SIGNATURE .			Registered Agent signature re	_			oavable to		
SIGNATURE	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be		Make check			
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be	Fic	Make check orida Depart	tment of St	late	
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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:

Norma a Kauson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Daytime Phone #