



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

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002145 1. Entity Name HAWK'S NEST PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5107 GOSHAWK DRIVE MILTON, FL 32570	Mailing Address 5107 GOSHAWK DRIVE MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3749358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PIVNICK, DEREK
5107 GOSHAWK DRIVE
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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
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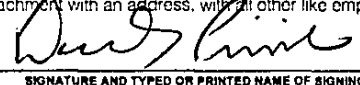
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIVNICK, DEREK 5107 GOSHAWK DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CRAFT, DEBORAH 5135 GOSHAWK DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ADKINS, RENO 5132 GOSHAWK DRIVE MILTON, FL 32570
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03/16/07-80026-030 61.25

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IN THIS SPACE**

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:  **2/13/07 (850) 981-0290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #