

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002145

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HAWK'S NEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5107 GOSHAWK DRIVE  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3589  
MILTON, FL 32572

**New Mailing Address:**

**FEI Number:** 59-3749358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIVNICK, DEREK  
5107 GOSHAWK DRIVE  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIVNICK, DEREK  
Address: 5107 GOSHAWK DRIVE  
City-St-Zip: MILTON, FL 32570

Title: VTD ( ) Delete  
Name: CATO, KIMBERLY D  
Address: 6173 RED TAIL DR  
City-St-Zip: MILTON, FL 32570

Title: VD ( ) Delete  
Name: ADKINS, RENO  
Address: 5132 GOSHAWK DRIVE  
City-St-Zip: MILTON, FL 32570

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HARING, ROBERT  
Address: 5171 GOSHAWK DRIVE  
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: FONDREN, BETTY  
Address: 5248 GOSHAWK DRIVE  
City-St-Zip: MILTON, F 32570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREK PIVNICK

PD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date