


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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006160</b> 1. Entity Name <b>HAWK ISLAND HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3890 EAST STATE RD 64 SUITE 101 BRADENTON, FL 34208</b>	Mailing Address <b>4301 32ND ST. W. SUITE A-19 BRADENTON, FL 34205</b>
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>71-0907928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205**

**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 \_\_\_\_\_  
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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, KENNETH D 3890 EAST STATE RD 64 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WORTHINGTON, NORMAN A 4074 ROBERTS POINT ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEATING, BRENDA J 3890 EAST STATE RD 64 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEATING, BRENDA J 3890 EAST STATE RD 64 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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U00000747455  
05/17/07-80026-020 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:** \_\_\_\_\_ **4/26/07 941-748-1622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #