2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90083 036 ****70.00

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1. Entity Name

HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3240 GALLOWAY ROAD LAKELAND FL 33810	3240 GALLOWAY ROAD LAKELAND FL 33810

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5535 GREY HAWK LN.	P.O. BOX 945
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: KATHLEEN, FL
Zip: 33810 Country: USA	Zip: 33849-9800 Country: USA

4. FEI Number: 16-1650496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENKINS, E. WAYNE 3240 GALLOWAY ROAD LAKELAND FL 33810	Name: DANA PFAFF Street Address (P.O. Box Number is Not Acceptable): 5535 Grey Hawk Lane City: LAKELAND FL Zip Code: 33810

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: _____ DANA PFAFF - Director/President 2/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS JENKINS, E. WAYNE 3240 GALLOWAY ROAD LAKELAND FL 33810	☑ Delete	Director / President DANA PFAFF P.O. Box 945 Kathleen, FL 33849	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GOLDSMITH, JOE 3240 GALLOWAY ROAD LAKELAND FL 33810	☑ Delete	Director / Vice President THEODORE COLEMAN P.O. Box 945 Kathleen, FL 33849	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSMITH, CINDY T 3240 GALLOWAY ROAD LAKELAND FL 33810	☑ Delete	Director / Secretary PERRY KIRKLIN P.O. Box 945 Kathleen, FL 33849	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director / Treasurer BRADLEY SAXTON P.O. Box 945 Kathleen, FL 33849	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director EMILIO PEREZ P.O. Box 945 Kathleen, FL 33849	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bradley J. Saxton Bradley J. Saxton 2/10/07 (863) 816-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #