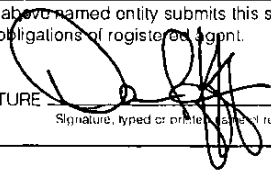
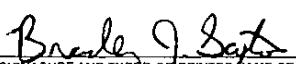


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 036 ****70.00

DOCUMENT # N02000006838 1. Entity Name HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3240 GALLOWAY ROAD LAKELAND FL 33810		Mailing Address 3240 GALLOWAY ROAD LAKELAND FL 33810	
2. Principal Place of Business - No P.O. Box # 5535 GREY HAWK LN. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 945 Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State KATHLEEN, FL	
Zip 33810		Zip 33849-9800	
Country USA		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 JENKINS, E. WAYNE 3240 GALLOWAY ROAD LAKELAND FL 33810		7. Name and Address of New Registered Agent 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) (NOT: Registered Agent signature required when re-registering) (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	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director / President DANA PFAFF P.O. Box 945 Kathleen, FL 33849
☒ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director / Vice President THEODORE COLEMAN P.O. Box 945 Kathleen, FL 33849	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director / Secretary PERRY KIRKLIN P.O. Box 945 Kathleen, FL 33849
☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director / Treasurer BRADLEY SAXTON P.O. Box 945 Kathleen, FL 33849	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director EMILIO PEREZ P.O. Box 945 Kathleen, FL 33849
☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 2/10/07 (863) 816-7536 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Daytime Phone #)			