

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006838

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** HAWKS RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5535 GREY HAWK LN  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 945  
KATHLEEN, FL 33849

**New Mailing Address:**

**FEI Number:** 16-1650496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PFAFF, DANA  
5535 GREY HAWK LN  
LAKELAND, FL 33810 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: DP ( ) Delete  
Name: PFAFF, DANA  
Address: P.O. BOX 945  
City-St-Zip: KATHLEEN, FL 33849

Title: DS ( ) Delete  
Name: KIRKLIN, PERRY  
Address: P.O. BOX 945  
City-St-Zip: KATHLEEN, FL 33849

Title: DT ( ) Delete  
Name: SAXTON, BRADLEY  
Address: P.O. BOX 945  
City-St-Zip: KATHLEEN, FL 33849

Title: D ( ) Delete  
Name: PEREZ, EMILIO  
Address: P.O. BOX 945  
City-St-Zip: KATHLEEN, FL 33849

Title: DVP ( ) Delete  
Name: MALLARD, VERSIE  
Address: POST OFFICE BOX 945  
City-St-Zip: KATHLEEN, FL 33849

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

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

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

Title: DT (X) Change ( ) Addition  
Name: SKILLERN, LINDA  
Address: P.O. BOX 945  
City-St-Zip: KATHLEEN, FL 33849

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

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

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: DANA PFAFF

DP

02/06/2009

Electronic Signature of Signing Officer or Director

Date