

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90007 034 ****61.25

DOCUMENT # N02000007141

1. Entity Name
HAWKS POINTE OWNERS ASSOCIATION, INC.



40100061



Principal Place of Business
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

Mailing Address
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
13-4219408

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

WALLACE, L. DENISE
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☒ Delete
NAME EVANS, MARK
STREET ADDRESS 9217 HAWKS POINT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE PD ☒ Change ☐ Addition
NAME Jones, Maggie
STREET ADDRESS 9339 Hawks point Drive
CITY-ST-ZIP Jacksonville FL 32222

TITLE TD ☒ Delete
NAME JONES, MAGGIE
STREET ADDRESS 9339 HAWKS POINT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE TD ☐ Change ☒ Addition
NAME Blume, Jonathan
STREET ADDRESS 9340 Hawks point Drive
CITY-ST-ZIP Jacksonville FL 32222

TITLE SD ☒ Delete
NAME WILSON, SHELIA J
STREET ADDRESS 9016 REDTAIL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE SD ☐ Change ☒ Addition
NAME Jones, John
STREET ADDRESS 9233 Hawks Run Lane
CITY-ST-ZIP Jacksonville FL 32222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 (904) 228-2575