

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007141

FILED
Jan 29, 2009
Secretary of State

Entity Name: HAWKS POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

1008 PARK AVENUE
ORANGE PARK, FL 32073

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

1008 PARK AVENUE
ORANGE PARK, FL 32073

FEI Number: 13-4219408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOODS, LINDA M CAM
1008 PARK AVENUE
ORANGE PARK, FL 32073 US

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: LINDA M. WOODS

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, MAGGIE
Address: 9339 HAWKS POINT DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD () Delete
Name: BLUME, JONATHAN
Address: 9340 HAWKS POINT DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD () Delete
Name: JONES, JOHN
Address: 9233 HAWKS RUN LANE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COX, MICHELLE
Address: 9268 HAWKS RUN LN.
City-St-Zip: JACKSONVILLE, FL 32222

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: MICHELLE COX

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date