

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02247

1. Entity Name
HAWKS PARK CLUB



Principal Place of Business

**701 WOODLEY AVENUE
EDGEWATER, FL 32132 US**

Mailing Address

**P.O. BOX 866
EDGEWATER, FL 32132 US**

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTA, JENNIFER
210 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000330639
04/25/05-80171-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUHRMANN, TAMI
STREET ADDRESS	117 E. WILKINSON AVE.
CITY - ST - ZIP	EDGEWATER, FL 32132
TITLE	PD
NAME	DYER, DAVID E
STREET ADDRESS	3507 VICTORY PALM DR
CITY - ST - ZIP	EDGEWATER, FL
TITLE	TD
NAME	DODD, DOUG
STREET ADDRESS	223 N RIDGEWOOD AVE
CITY - ST - ZIP	EDGEWATER, FL
TITLE	S
NAME	PORTA, JENNIFER P
STREET ADDRESS	210 QUAY ASSISI
CITY - ST - ZIP	NEW SMYRNA BEACH, FL
TITLE	V
NAME	JONES, CAREN
STREET ADDRESS	2620 PINE TREE DR
CITY - ST - ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jennifer Porta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

386-428-7656
Daytime Phone #