

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 036 ****61.25

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**

40049853



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

200 Dale St.

City **Edgewater.**

FL

Zip Code **32132**

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

Jennifer Porta

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, 2006**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodd, Doug	
STREET ADDRESS	1818 Dale Palm Ave.	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Caren	
STREET ADDRESS	2620 Pine Tree Dr.	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Fuhrmann	
STREET ADDRESS	117 Wilkinson Ave.	
CITY-ST-ZIP	Edgewater, FL 32132	

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 like empowered.

SIGNATURE:

Caren Jones *Caren Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06 (386) 334-2603

Date

Daytime Phone #