

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02247

FILED
May 20, 2008
Secretary of State

Entity Name: HAWKS PARK CLUB

Current Principal Place of Business:

701 WOODLEY AVENUE
EDGEWATER, FL 32132 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PORTA, JENNIFER
200 DALE ST
EDGEWATER, FL 32132 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUHRMANN, TAMARA
Address: 117 E. WILKINSON AVE.
City-St-Zip: EDGEWATER, FL 32132

Title: PD () Delete
Name: FUHRMANN, TODD
Address: 117 E. WILKINSON AVE
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: PORTA, SCOTT
Address: 200 DALE ST.
City-St-Zip: EDGEWATER, FL 32132

Title: S () Delete
Name: PORTA, JENNIFER P
Address: 200 DALE ST.
City-St-Zip: EDGEWATER, FL 32132

Title: T () Delete
Name: JONES, CAREN
Address: 2620 PINE TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: V () Delete
Name: JONES, RICHARD
Address: 292 FIR STREE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CAREN JONES

T

05/20/2008

Electronic Signature of Signing Officer or Director

Date