

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000000173

1. Entity Name
FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC.



FILED
Aug 13, 2008 08:00 AM
Secretary of State

Principal Place of Business
1568 ARBOR LANE
FERNANDINA BEACH, FL 32034

Mailing Address
95658 ARBOR LN
FERNANDINA BEACH, FL 32034



07302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2321139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JENNIFER
95658 ARBOR LN
FERNANDINA BEACH, FL 32034

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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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000957606
08/13/08-80002-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAWAJA, JASON
STREET ADDRESS	3612 NW 53RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	HAWKINS, JENNIFER
STREET ADDRESS	1568 ARBOR LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	S
NAME	TAYLOR, DAWN
STREET ADDRESS	1211 PATHWAY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	T
NAME	HAWKINS, RUSSELL M
STREET ADDRESS	1568 ARBOR LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Jennifer S. Hawkins* Jennifer S. Hawkins 07-29-08 904-261-0292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #