

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002903

**FILED**  
**Apr 14, 2004**  
**Secretary of State****Entity Name:** COMMUNITY ASSOCIATION FOR HAWK'S LANDING, PUD, INC.**Current Principal Place of Business:**9202 OLMSTEAD DR.  
LAKE WORTH, FL 33467**New Principal Place of Business:**4495 EMERALD VISTA  
2  
LAKE WORTH, FL 33461**Current Mailing Address:**9202 OLMSTEAD DR.  
LAKE WORTH, FL 33467**New Mailing Address:**4495 EMERALD VISTA  
2  
LAKE WORTH, FL 33461**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAWKINS, LAWRENCE B  
9202 OLMSTEAD DR.  
LAKE WORTH, FL 33467**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: HAWKINS, LAWRENCE B  
Address: 9202 OLMSTEAD DR.  
City-St-Zip: LAKE WORTH, FL 33467Title: VSTD ( ) Delete  
Name: ANGLE, CHRISTIAN J  
Address: 717 NEW JERSEY ST.  
City-St-Zip: WEST PALM BEACH, FL 33401Title: VSD ( ) Delete  
Name: THOMAS, STEPHEN C  
Address: 8415 NW 46TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33067**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE B HAWKINS

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date