

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000781

FILED
Jun 20, 2005
Secretary of State

Entity Name: HAWKS COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

528 CORBIN PARK RD
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

176 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

528 CORBIN PARK RD
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

176 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **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:

PETERSON, SID C JR
418 CANAL ST
NEW SMYRNA BEACH, FL 32168 US

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: MASSEL, EDWARD
Address: 229 LIVE OAK LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: MASSEL, JEANNE
Address: 229 LIVE OAK LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: KAISER, LAURA
Address: 2251 CANDLEWOOD LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: LAURA KAISER

TD

06/20/2005

Electronic Signature of Signing Officer or Director

Date