

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001195

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** HAWK'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

530 CONSTRUCTION LANE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1058  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

**FEI Number:** 20-0723828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF  
14241 METROPOLIS AVENUE, SUITE 100  
FORT MYERS, FL 33912 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: TURNER, JULES  
Address: 2430 HAWKS PERSERVE DR  
City-St-Zip: FORT MYERS, FL 33905

Title: VPD ( ) Delete  
Name: FINDLEY, ANGELA  
Address: 2633 NATURE POINTE LOOP  
City-St-Zip: FORT MYERS, FL 33905

Title: STD ( ) Delete  
Name: WYATT, JAMES  
Address: 2511 HAWKS PERSERVE DRIVE  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: VIENNEAU, MICHAEL  
Address: 2672 NATURE POINTE LOOP  
City-St-Zip: FORT MYERS, FL 33905

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: JULES TURNER

PD

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date