


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90024 015 ****61.25

DOCUMENT # N04000001549
 1. Entity Name
FISHHAWK RIDGE ASSOCIATION, INC.



Principal Place of Business
**5100 W. LEMON STREET SUITE 306
 TAMPA, FL 33609**

Mailing Address
**4131 GUNN HWY
 TAMPA, FL 33618**

2. Principal Place of Business - No P.O. Box #
**5100 W Lemon St, Ste 312
 Tampa, FL 33609**

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
43-2053206

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRISCIA, FRANCIS E
 MELROSE & FRISCIA PA
 500 N WESTSHORE BVLD STE 830
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name *Same agent*
 Street *(table) NEW ADDRESS*
5550 W Executive Dr, Ste 250
 City **Tampa, FL** Zip **33609**

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 May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARPAY, BARRY I 5100 W LEMON ST #306 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MESSINA, FRANK 5100 W LEMON ST #306 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUDRLIK, DEBORA L 5100 W LEMON ST #306 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 W Lemon St, Ste 312 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 W Lemon St, Ste 312 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 W Lemon St, Ste 312 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D STEVE PARKER 15879 FISHHAWK VIEW DR LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PMICHAEL SCHUTZ 15920 FISHHAWK CREEK LANE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah L. Hudrik* **3/12/08** **813-288-7742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sec/Treas.