

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004444

FILED
Feb 03, 2006
Secretary of State

Entity Name: HAWTHORNE GLEN TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CENTEX HOMES
385 DOUGLAS AVENUE #2000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

Current Mailing Address:

C/O CENTEX HOMES
385 DOUGLAS AVENUE #2000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809

FEI Number: 59-3823011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTEX HOMES
385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809 US

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: DOUG HARRIER

02/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEELER, LAWRENCE M
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: LUNDEQUAM, BRETT
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S/T () Delete
Name: RIGGS, DEBBIE
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONTRAGER, THOMAS K
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Change () Addition
Name: SHEELER, LAWRENCE M
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: S/T (X) Change () Addition
Name: RIGGS, DEBBIE
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS BONTRAGER

P

02/03/2006

Electronic Signature of Signing Officer or Director

Date