

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004444

FILED
Apr 21, 2009
Secretary of State

Entity Name: HAWTHORNE GLEN TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LELAND MANAGEMENT
5955 T.G. LEE BLVD., STE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

Current Mailing Address:

C/O LELAND MANAGEMENT
5955 T.G. LEE BLVD., STE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

FEI Number: 59-3823011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD.
300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: _____

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOGERT, LISA
Address: 4128 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: BOGERT, LISA
Address: 4128 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: CARTER, LISA
Address: 4105 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: SALAMONE, ALLISON
Address: 4072 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CARTER, LISA
Address: 4105 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: SALAMONE, ALLISON
Address: 4172 PITCH PINE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: REBECCA FURLOW

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date