FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:54

DOCUMENT # N04554 (4)

1. Corporation Name
HAWTHORNE HILLS MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business
603 MULBERRY LANE
DELAND FL 32724

Mailing Address
C/O K.D. MACLENNAN
603 MULBERRY LANE
DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1984
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2492948 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MACLENNAN, K. DOUGLAS.
603 MULBEERY LANE
DELAND FL 32724

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P.D.	☒ Change ☐ Addition
NAME	MALONEY, JOAN	12 NAME	WALSH, ROBERT	
STREET ADDRESS	607 CHERRY TREE LANE	13 STREET ADDRESS	1109 WALNUT WAY	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	WHEATER, LAWRENCE	22 NAME	MALONEY, JOAN	
STREET ADDRESS	1283 HICKORY LANE	23 STREET ADDRESS	607 CHERRY TREE LANE	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	WALSH, ADELE	32 NAME	WALSH, ADELE	
STREET ADDRESS	641 CHESTNUT CT	33 STREET ADDRESS	1109 WALNUT WAY	
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	TD	41 TITLE	D	☒ Change ☐ Addition
NAME	WALSH, ROBERT	42 NAME	WHEATER LAWRENCE	
STREET ADDRESS	641 CHESTNUT CT	43 STREET ADDRESS	1283 HICKORY LANE	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	51 TITLE	T.D.	☒ Change ☐ Addition
NAME	MCLEOD, ELLEN	52 NAME	ROBERT BRUDERLY	
STREET ADDRESS	606 ORANGE BLOSSOM LANE	53 STREET ADDRESS	1141 LAUREL OAK DRIVE	
CITY-ST-ZIP	DELAND FL	54 CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	HAY, JOHN	62 NAME	ROBERT WEAVER	
STREET ADDRESS	637 ORANGE BLOSSOM LANE	63 STREET ADDRESS	1215 BEECHWOOD DRIVE	
CITY-ST-ZIP	DELAND FL	64 CITY-ST-ZIP	DELAND, FL. 32724	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by this amendment with an address.

SIGNATURE: Robert Walsh Robert D. Walsh President 4/1/95 904-738-2420
SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR — Title — Daytime Phone #