

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

08/06/1984

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

59-2492948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACLENNAN, K. DOUGLAS.
603 MULBERRY LANE
DELAND FL 32724**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALONEY, JOAN	
STREET ADDRESS	607 CHERRY TREE LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHEATER, LAWRENCE	
STREET ADDRESS	1283 HICKORY LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALSH, ADELE	
STREET ADDRESS	109 WALNUT WAY	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALSH, ROBERT	
STREET ADDRESS	1109 WALNUT WAY	
CITY-ST-ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRUDERLY, ROBERT	
STREET ADDRESS	1141 LAUREL OAK DR	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, ROBERT	
STREET ADDRESS	1215 BEECHWOOD DR	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALSH, ROBERT	
1.3 STREET ADDRESS	1109 WALNUT WAY	
1.4 CITY-ST-ZIP	DELAND, FL 32724	
2.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHEATER, LAWRENCE	
2.3 STREET ADDRESS	1283 HICKORY LANE	
2.4 CITY-ST-ZIP	DELAND, FL 32724	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALSH, ADELE	
3.3 STREET ADDRESS	1109 WALNUT WAY	
3.4 CITY-ST-ZIP	DELAND, FL 32724	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAZARD, NATALIE	
4.3 STREET ADDRESS	1126 WALNUT WAY	
4.4 CITY-ST-ZIP	DELAND, FL 32724	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRUDERLY, ROBERT	
5.3 STREET ADDRESS	1141 LAUREL OAK DRIVE	
5.4 CITY-ST-ZIP	DELAND, FL 32724	
6.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WEAVER, ROBERT	
6.3 STREET ADDRESS	1215 BEECHWOOD DRIVE	
6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Walsh **President**
ROBERT B. WALSH

Date:

4/11/96

Daytime Phone #

904-738-2430

CR2E037 (12/95)