

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N05000011035 1. Entity Name HAWK CREEK RESERVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 708 LITHIA PINCREST ROAD STE 103 BRANDON, FL 33511	Mailing Address P.O. BOX 649 BRANDON, FL 33509
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4463384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEFCIK, BRIAN S
 708 LITHIA PINCREST ROAD
 BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE

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 _____ (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

U00000786233
 01/17/08-80032-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, BARBARA A 708 LITHIA PINECREST RD., STE 103 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEFCIK, BRIAN S 708 LITHIA PINECREST RD., STE 103 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, E. ADEANA 708 LITHIA PINECREST RD., STE 103 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **1/10/08** **813-689-7161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #