

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005386

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** THE HAWTHORNE HIGHLANDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2020 WELLS ROAD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2020 WELLS ROAD  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, LINDA T  
30 CLIPPER COURT  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEBED, FRED  
Address: 101 BURR RIDGE PARKWAY SUITE 306  
City-St-Zip: BURR RIDGE, IL 60527

Title: VD ( ) Delete  
Name: KEHOSKIE, MARK  
Address: 101 BURR RIDGE PARKWAY SUITE 306  
City-St-Zip: BURR RIDGE, IL 60527

Title: STD ( ) Delete  
Name: RANGARAJAN, ARJUN  
Address: 101 BURR RIDGE PARKWAY SUITE 306  
City-St-Zip: BURR RIDGE, IL 60527

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ARJUN RANGARAJAN

STD

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date