

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09860

FILED
Apr 20, 2009
Secretary of State

Entity Name: HAWTHORNE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

360 BAY POINT DR.
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2564 BERNICE CT.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRENCH, CONNIE
360 BAY POINT DRIVE
MELBOURNE, FL 32935 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: P () Delete
Name: FRENCH, CONNIE
Address: 360 BAY POINT DR.
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: CURRAN, PAM
Address: 440 BAY POINT DR.
City-St-Zip: MELBOURNE, FL 32935

Title: ST () Delete
Name: JONES, BONNIE
Address: 2564 BERNICE CT.
City-St-Zip: MELBOURNE, FL 32935

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 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: BONNIE JONES

ST

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date