2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26547

FILED Apr 29, 2005 Secretary of State

Entity Name: THE HAWKE'S BLUFF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
4474 WES PMB 150 DAVIE, FL	STON ROAD . 33331			
Current Mailing Address:		New Mailing A	New Mailing Address:	
4474 WES PMB 150 DAVIE, FL	STON ROAD . 33331			
n accordan	: 65-0051571 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:		e() Certificate of Status Desired() Iress of New Registered Agent:	
800 E. BR STE. 710	& TIGHE P.A. OWARD BLVD. JDERDALE, FL 33301 US			
	named entity submits this statement for the period of Florida.	urpose of changing its reg	gistered office or registered agent, or both,	
SIGNATUI	RE: CHESTER GLADUE			
	Electronic Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	HANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete CAMOS, MARIA 5021 LIALUKES BLUFF AVE. DAVIE, FL 33331	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VD () Delete CHRISTIE, MO 5680 BRIARWOOD WAY DAVIE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CSD () Delete FARMER, GRETCHEN 4921 HAWKES BLUFF AVE DAVIE, FL 33331	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD () Delete GLADUE, CHESTER 15661 CANTERBERRY COURT DAVIE, FL 33331	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RSD () Delete RAMOS, MARIA 5021 HAWKES BLUFF AVE DAVIE, FL 33331	Title: Name: Address: City-St-Zip:	() Change () Addition	
	D () Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHESTER GLADUE TD 04/29/2005