
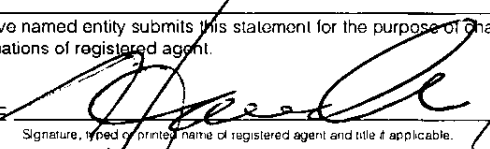


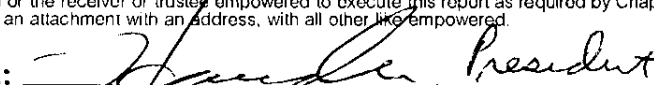
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90023 018 \*\*\*\*61.25

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # N26547</b><br>1. Entity Name<br><b>THE HAWKE'S BLUFF HOMEOWNERS ASSOCIATION, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>4474 WESTON ROAD<br/>PMB 150<br/>DAVIE FL 33331</b>   |   |  | Mailing Address<br><b>4474 WESTON ROAD<br/>PMB 150<br/>DAVIE FL 33331</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |  |
| City & State  |   | City & State   |   |  |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>65-0051571</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TUCKER &amp; TIGHE P.A.<br/>800 E. BROWARD BLVD.<br/>STE. 710<br/>FORT LAUDERDALE FL 33301</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                  |   | President<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                               |   | 2/27/07<br><small>DATE</small>   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>NEU, HOWARD<br>15611 S ROUND TABLE RD<br>FORT LAUDERDALE FL 33331<br><input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DAVIE, FL 33331  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>CHRISTIE, MO<br>5680 BRIARWOOD WAY<br>DAVIE FL<br><input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | CSD<br>FARMER, GRETCHEN<br>4921 HAWKES BLUFF AVE<br>DAVIE FL 33331<br><input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br>GIOROANO, ROBERT M<br>5330 RD WINGS BLURF AVE<br>FORT LAUDERDALE FL 33331<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>GIORDANO, ROBERT M<br>5330 HAWKES BLUFF AVE<br>DAVIE, FL 33331 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | RS<br>TORRES, GISELA<br>4770 E ROUND TABLE RD<br>FORT LAUDERDALE FL 33331<br><input type="checkbox"/> Delete      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DAVIE, FL 33331  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>PICKETT, JOHN<br>15600 S ROUNDTABLE ROAD<br>DAVIE FL 33331<br><input checked="" type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  President

2/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #