

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 042 ****61.25

DOCUMENT # N26547

1. Entity Name

THE HAWKE'S BLUFF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4474 WESTON ROAD
PMB 150
DAVIE FL 33331**

Mailing Address

**4474 WESTON ROAD
PMB 150
DAVIE FL 33331**

2. Principal Place of Business - No P.O. Box # **W**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0051571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER & TIGHE P.A.
800 E. BROWARD BLVD.
STE. 710
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **NEU, HOWARD**
STREET ADDRESS **15611 S ROUND TABLE RD**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CHRISTIE, MO**
STREET ADDRESS **6680 BRIARWOOD WAY 4474 WESTON ROAD**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CSD** ☐ Delete
NAME **FARMER, GRETCHEN**
STREET ADDRESS **4921 HAWKES BLUFF AVE**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GIORDANO, ROBERT M**
STREET ADDRESS **5330 HAWKES BLUFF AVE.**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RS** ☒ Delete
NAME **TORRES, GISELA**
STREET ADDRESS **4770 E ROUND TABLE RD**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RS** ☐ Delete
NAME **TERRY COULTON**
STREET ADDRESS **5750 Briarwood Way**
CITY-ST-ZIP **Davie, FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

HOWARD NEU, PRESIDENT 2/26/08 954-431-3990