

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N30429

1. Entity Name
HAWKE'S BLUFF PARCEL "A" ASSOCIATION, INC.



Principal Place of Business
**15440 DERBY COURT
DAVIE, FL 33331**

Mailing Address
**P.O. BOX 823712
SOUTH FLORIDA, FL 33082**



03182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0161406

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROSS, DAVE
15440 DERBY COURT
DAVIE, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000677163
03/30/07-80093-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CROSS, DAVE
15440 DERBY COURT
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
VENEZIA, VINNY
5940 EPSOM LANE
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FOX, EMILIO
15420 DERBY COURT
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
MONROE, ANDROMEDA
5910 CORNWALL LANE
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **DAVID A. CROSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07

Date

954-557-5512

Daytime Phone #