

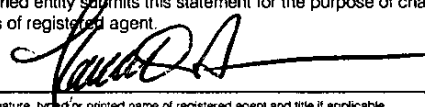



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90054 001 \*\*\*\*61.25

<b>DOCUMENT # N31559</b> 1. Entity Name <b>HAWKSNEST AT METROWEST HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1750 W BROADWAY ST STE 220 OVIEDO, FL 32765</b>			Mailing Address <b>P.O. BOX 620368 OVIEDO, FL 32762</b>		
2. Principal Place of Business - No P.O. Box # <b>1750 W. Broadway St,</b>		3. Mailing Address <b>PO Box 620368</b>		  02072008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Suite #220</b>		Suite, Apt. #, etc. 			
City & State <b>Oviedo, FL</b>		City & State <b>Oviedo, FL</b>			
Zip <b>32765</b>	Country <b>USA</b>	Zip <b>32762</b>	Country <b>USA</b>		
4. FEI Number <b>59-3005238</b>			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DAVIS, KEVIN M LCAM COMMUNITY MANAGEMENT SPECIALISTS 1750 W BROADWAY ST STE 220 OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name <b>Kevin Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 W. Broadway Street</b> <b>Suite #220</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765</b>		
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  <b>2/5/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete <b>SIEGEL, SARA</b> <b>7255 BLACK BULL LANE</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <b>WILSON, RAY</b> <b>7271 HAWKSNEST BLVD</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>TAYLOR, GERDI</b> <b>7267 HAWKSNEST BLVD</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete <b>NEWCOMER, RICK</b> <b>7283 HAWKSNEST BLVD</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>GRIMES, LISA M</b> <b>7284 HAWKSNEST BLVD</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANDES, BOB</b> <b>7210 Black Bull Lane</b> <b>Orlando, FL 32825</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVIDSON, PAT</b> <b>7256 Hawksnest Blvd.</b> <b>Orlando, FL 32825</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>JACKSON, KIM</b> <b>7237 Black Bull Lane</b> <b>Orlando, FL 32825</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VALENTINE, PAULA</b> <b>7214 Black Bull Lane</b> <b>Orlando, FL 32825</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 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:  <b>3/7/08</b> <b>407.257.5502</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					