

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31559

FILED
Apr 23, 2009
Secretary of State

Entity Name: HAWKSNEST AT METROWEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3005238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
C/O SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DD () Delete
Name: ANDES, BOB
Address: 7210 BLACK BULL LANE
City-St-Zip: ORLANDO, FL 32825

Title: PD () Delete
Name: DAVIDSON, PAT
Address: 7256 HAWKSNEST BLVD
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: TAYLOR, GERDI
Address: 7267 HAWKSNEST BLVD
City-St-Zip: ORLANDO, FL 32835

Title: VPD () Delete
Name: NEWCOMER, RICK
Address: 7237 BLACK BULL LANE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: VALENTINE, PAULA
Address: 7214 BLACK BULL LANE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDES, ROBERT
Address: 7210 BLACK BULL LANE
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JACKSON, KIM
Address: 106 OLD COURSE DR
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TD (X) Change () Addition
Name: LIPSCOMB, MIKE
Address: 1841 BAILLIE GLASS LN
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change () Addition
Name: VALENTINE, PAULA
Address: 7214 BLACK BULL LANE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAT DAVIDSON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date