FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33715 (6)

1. Corporation Name
HAWK'S VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7801 SADDLEBROOK DR PORT ST. LUICE FL 34986 US	7801 SADDLEBROOK DR PORT ST. LUICE FL 34986 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0321451 / NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARD, MATTHEW A
7801 SADDLEBROOK DR
PT. ST. LUCIE FL 34989

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34986

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WARD, MATTHEW A	1.2 NAME	WARD, MATTHEW A	
STREET ADDRESS	7801 SADDLEBROOK DR	1.3 STREET ADDRESS	7801 SADDLEBROOK DR	
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	PERKINS, CHRISTINE	2.2 NAME	WARD, MICHAEL D	
STREET ADDRESS	7801 SADDLEBROOK DR	2.3 STREET ADDRESS	7801 SADDLEBROOK DR	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WARD, CHRISTOPHER	3.2 NAME	WARD, CHRISTOPHER	
STREET ADDRESS	7801 SADDLEBROOK DR	3.3 STREET ADDRESS	7801 SADDLEBROOK DR	
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Matthew A. Ward — 3-15-95 — 407-464-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MATTHEW A. WARD