

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N33715** (6)

1. Corporation Name

HAWK'S VIEW ASSOCIATION, INC.

Principal Place of Business

2160 RESERVE PARK TRACE
PORT ST. LUCIE FL 34986
US

Mailing Address

2160 RESERVE PARK TRACE
~~7801 SADDLEBROOK DR~~
PORT ST. LUCIE FL 34986-3112
US3. Date Incorporated or Qualified **08/15/1989** 3a. Date of Last Report **06/27/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

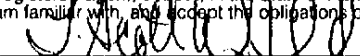
10. Name and Address of New Registered Agent

~~WARD, MATTHEW A~~
~~7801 SADDLEBROOK DR~~
~~PT. ST. LUCIE FL 34986~~

81 Name	T. SCOTT WINGFIELD
82 Street Address (P.O. Box Number is Not Acceptable)	2160 RESERVE PARK TRACE
83	
84 City	PORT ST. LUCIE, FL
85 Zip Code	34986

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**T. Scott Wingfield****4-15-97**

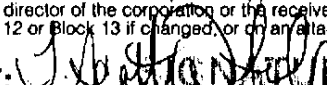
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	T. SCOTT WINGFIELD
STREET ADDRESS	7801 SADDLEBROOK DR	1.3 STREET ADDRESS	2160 RESERVE PARK TRACE
CITY - ST - ZIP	PT. ST. LUCIE FL	1.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	SD	2.1 TITLE	VSTD ☒ Change ☐ Addition
NAME	WARD, MICHAEL D.	2.2 NAME	CHRISTINE PERKINS
STREET ADDRESS	7801 SADDLEBROOK DR	2.3 STREET ADDRESS	2160 RESERVE PARK TRACE
CITY - ST - ZIP	PORT ST LUCIE 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	STEPHANIE E. STOVALL
STREET ADDRESS	7801 SADDLEBROOK DR	3.3 STREET ADDRESS	2160 RESERVE PARK TRACE
CITY - ST - ZIP	PORT ST LUCIE FL	3.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/15/97****561-468-4604**

Date

Daytime Phone # 0071684

CR2E037 (9/96)