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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N33715** **(6)**

1. Corporation Name

HAWK'S VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2160 RESERVE PARK TRACE PORT ST. LUICE FL 34986 US	2160 RESERVE PARK TRACE ~~7001 SADDLEBROOK DR~~ PORT ST. LUICE FL 34986-3112 US

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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~~
~~7001 SADDLEBROOK DR~~
~~PT. ST. LUCIE FL 34986~~

10. Name and Address of New Registered Agent

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: ~~J. Matthew Ward~~ 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~~	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~WARD, MATTHEW A~~		1.2 NAME	T. SCOTT WINGFIELD	
STREET ADDRESS	~~7001 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~~	☒ DELETE	2.1 TITLE	VSTD	☒ Change ☐ Addition
NAME	~~WARD, MICHAEL D.~~		2.2 NAME	CHRISTINE PERKINS	
STREET ADDRESS	~~7001 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~~	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~WARD, CHRISTOPHER~~		3.2 NAME	STEPHANIE E. STOVALL	
STREET ADDRESS	~~7001 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		

CR2E037 (9/96)

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: ~~J. Matthew Ward~~ T. Scott Wingfield **REQUIRED** — 4/15/97 — 561-468-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 007 1694