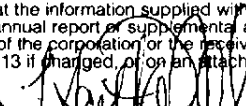


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 2160 RESERVE PARK TRACE PORT ST. LUCE FL 34986 US			Mailing Address 2160 RESERVE PARK TRACE PORT ST. LUCE FL 34986 US		
2. Principal Place of Business 21 9700 Reserve Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 9700 Reserve Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/15/1989	
22 City & State 23 Port St. Lucie, FL Zip Country 24 34986 25 US		27 City & State 28 Port St. Lucie Zip Country 29 34986 30 US		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees				7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				9. Name and Address of Current Registered Agent WINGFIELD, T SCOTT 2160 RESERVE PARK TRACE PORT ST LUCIE FL 34986	
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	
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 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	☐ Change ☐ Addition	
NAME	WINGFIELD, T SCOTT		1.2 NAME		
STREET ADDRESS	2160 RESERVE PARK TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	VSTD	☒ DELETE	2.1 TITLE	☐ Change ☒ Addition	
NAME	PERKINS, CHRISTINE		2.2 NAME	Daniel, Christie	
STREET ADDRESS	2160 RESERVE PARK TRACE		2.3 STREET ADDRESS	9700 Reserve Blvd.	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☒ Addition	
NAME	STOVALL, STEPHANIE E		3.2 NAME	Wingfield, Karon	
STREET ADDRESS	2160 RESERVE PARK TRACE		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 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: 			4/29/98 561-467-1503		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0072489		

CR2E037 (10/97)