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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33715**

1. Corporation Name

HAWK'S VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9700 RESERVE BLVD PSL FL 34986 US	9700 RESERVE BLVD PORT ST. LUICE FL 34986 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/15/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: CAM OF THE TREASURE COAST INC
82 Street Address (P.O. Box Number is Not Acceptable): 2355 S.E. SEAWAY LANE
83
84 City: PORT ST LUCIE FL 85 Zip Code: 34952

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] 2-12-99
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	WINGFIELD, T SCOTT		1.2 NAME	MARTIN R. HAYES	
STREET ADDRESS	2160 RESERVE PARK TRACE		1.3 STREET ADDRESS	7140 HAWKS VIEW TRAIL	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	VSTD	☐ DELETE	2.1 TITLE	~~VSTD~~ VP	☑ Change ☐ Addition
NAME	DANIEL, C		2.2 NAME	JESSE E. HOWLAND	
STREET ADDRESS	9700 RSERVE BLVD		2.3 STREET ADDRESS	7142 HAWKS VIEW TRAIL	
CITY-ST-ZIP	PORT ST LUCIE FL 34986		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34986	
TITLE	D	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	WINGFIELD, K		3.2 NAME	ALAN HODGES	
STREET ADDRESS	2160 RESERVE PARK TRACE		3.3 STREET ADDRESS	7132 HAWKS VIEW TRAIL	
CITY-ST-ZIP	PORT ST LUCIE FL 34986		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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 2/12/99 (561) 489-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #