2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90184 050 ****61.25

DOCUMENT # N33715

1. Entity Name

HAWK'S VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9700 RESERVE BLVD PSL FL 34986 US	~~9700 RESERVE BLVD~~ PO Box 880583 PORT ST. LUICE FL ~~34986-3284~~ US 34988

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 880583 Suite, Apt. #, etc.
City & State	City & State: PORT ST LUCIE FL
Zip / Country	Zip: 34988 / Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAM OF THE TREASURE COAST INC 2355 SE SEAFURY LANE PORT ST LUCIE FL 34952	Name: MARTIN R. HAYES Street Address (P.O. Box Number is Not Acceptable): 7140 HAWKS VIEW TRAIL City: PORT ST LUCIE FL Zip Code: 34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ 3/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINGFIELD, T SCOTT 7140 HANKS VIEW TRAIL PORT ST. LUCIE FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN R HAYES 7140 HAWKS VIEW TRAIL PORT ST LUCIE FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWLAND, JESSE E 7142 HAWKS VIEW TRAIL PORT ST LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HODGES, ALAN 7132 HAWKS VIEW TRAIL PORT ST LUCIE FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NANCY RIDGE 7134 HAWKS VIEW TRAIL PORT ST LUCIE FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 3/14/2000 561-489-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #