

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33715

1. Entity Name

HAWK'S VIEW ASSOCIATION, INC.

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90053 049 ****61.25

Principal Place of Business

Mailing Address

9700 RESERVE BLVD
PSL FL 34986
US

PO BOX 880583
PORT SAINT LUCIE FL 34988
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HAYES, MARTIN R
7140 HAWKES VIEW TRAIL
PORT SAINT LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD
NAME HAYES, MARTIN R
STREET ADDRESS 7140 HAWKES VIEW TRAIL
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME GILLIS, BARBARA
STREET ADDRESS 7143 HAWKS VIEW TRAIL
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME RIDGE, NANCY
STREET ADDRESS 7134 HAWKS VIEW TRAIL
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN HAYES

2/11/02

Date

(561) 489-2969

Daytime Phone #

CR2E037 (9/01)