2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am DOCUMENT #-N33715 **Secretary of State** Entity Name 02-20-2006 90044 048 ****61.25 HAWK'S VIEW ASSOCIATION, INC. Principal Place of Business Mailing Address 9700 RESERVE BLVD PO BOX 880583 PORT SAINT LUCIE FL 34988 PSL FL 34986 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, MARTIN R Street Address (P.O. Box Number is Not Acceptable) 7140 HAWKES VIEW TRAIL PORT SAINT LUCIE FL 34986 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) THE CONTRACT OF THE PARTY OF TH FILE NOW: FEE IS \$61.25 Due By May 1, 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE Addition STEVEN LITT HAYES, MARTIN R NAME NAME 7140 HAWKES VIEW TRAIL HAWKS VIEW TRAIL STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34986 CITY-ST-ZIP PORT STINCKE FL 3498/6 CITY-ST-71P ☐ Delete TITLE Addition TITLE COERALA VERR RILEY, JAMES NAME NAME STREET ADDRESS 7150 HAWKS VIEW TRAIL STREET ADDRESS HAWKS VIEW TRAIL PORT SAINT LUCIE FL 34986 CITY-ST-ZIP CITY - ST - ZIP TST LIJIE (2) VPD TITLE Delete TITLE Change Addition NAME RIDGE, NANCY NAME 7134 HAWKS VIEW TRAIL STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34986 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME BARNETT, HARRIS NAME STREET ADDRESS STREET ADDRESS 7136 HAWKS VIEW TRAIL CITY-ST-ZIP PORT SAINT LUCIE FL 34986 CITY-ST-ZIP ☐ Change · ☐ Addition TITLE Delete TITLE CREWSE, FRE NAME NAME 7148 HAWKS VIEW TRAIL STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34986 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 all other like empowered.

SIGNATURE:

2/9/06 7/2.335-/250

FILED