


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33715</b> 1. Entity Name <b>HAWK'S VIEW ASSOCIATION, INC.</b>	
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1st MOORE CR2E037 (10/06)

Principal Place of Business <b>9700 RESERVE BLVD PSL FL 34986 US</b>		Mailing Address <b>PO BOX 880583 PORT SAINT LUCIE FL 34988 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HAYES, MARTIN R 7140 HAWKES VIEW TRAIL PORT SAINT LUCIE FL 34986</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HAYES, MARTIN R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7140 HAWKES VIEW TRAIL	NAME	000000638842
STREET ADDRESS	PORT SAINT LUCIE FL 34986	STREET ADDRESS	02/27/07-80046-022 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD RILEY, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7150 HAWKS VIEW TRAIL	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LITT, STEVEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS VIEW TRAIL	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VERR, GERALD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS VIEW TRAIL	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CREWSE, FRED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7148 HAWKS VIEW TRAIL	NAME	
STREET ADDRESS	PORT SAINT LUCIE FL 34986	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE Martin Hayes MARTIN HAYES PRES 2/12/07 772-335 1250