

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33715

FILED
Jan 12, 2009
Secretary of State

Entity Name: HAWK'S VIEW ASSOCIATION, INC.

Current Principal Place of Business:

9700 RESERVE BLVD
PSL, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880583
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-0321451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAYES, MARTIN R
Address: 7140 HAWKES VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: RILEY, JAMES
Address: 7150 HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: LITT, STEVEN
Address: HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: VERR, GERALD
Address: HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: CREWSE, FRED
Address: 7148 HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYES, MARTIN R
Address: 7140 HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CREWSE, FRED
Address: 7148 HAWKS VIEW TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN R. HAYES

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date