

DOCUMENT # N33812

1. Entity Name

HAWK'S CAY COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90758 020 \*\*\*\*61.25

Principal Place of Business

61 HAWK CAY BLVD  
DUCK KEY FL 33050-3456

Mailing Address

61 HAWK CAY BLVD  
DUCK KEY FL 33050-3456

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2988589

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, JOHN  
 61 HAWK CAY BLVD  
 DUCK KEY FL 33050-3756

7. Name and Address of New Registered Agent

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 \$38.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
 NAME JOHNSON, DONALD H.  
 STREET ADDRESS 150 E. SAMPLE RD. S-200  
 CITY-ST-ZIP POMPANO BEACH FL

TITLE STD ☐ Delete  
 NAME CHERNIAVSKY, THOMAS  
 STREET ADDRESS MILE MARKER 61  
 CITY-ST-ZIP MARATHON FL

TITLE D ☒ Delete  
 NAME HODGKINS, RALPH L  
 STREET ADDRESS 3 ROCKY ROAD  
 CITY-ST-ZIP WEST PORT ME 04578

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
 NAME LESHIN, IRA  
 STREET ADDRESS 1250 FAIRFAX COURT  
 CITY-ST-ZIP WESTON, FL 33326

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

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

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

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

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

Date

Daytime Phone #

*Tom Cherniavsky* TOM CHERNIAVSKY 2/8/02 305-743-7000