

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N33812

1. Entity Name
HAWK'S CAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
61 HAWK CAY BLVD
DUCK KEY, FL 33050-3456

Mailing Address
61 HAWK CAY BLVD
DUCK KEY, FL 33050-3456



03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, DONALD H.
STREET ADDRESS	150 E. SAMPLE RD. S-200
CITY-ST-ZIP	POMPAHO BEACH, FL
TITLE	STD
NAME	CHERNIAVSKY, THOMAS
STREET ADDRESS	MILE MARKER 61
CITY-ST-ZIP	MARATHON, FL
TITLE	D
NAME	HODGKINS, RALPH
STREET ADDRESS	3 ROCKY ROAD
CITY-ST-ZIP	WESTPORT, ME 04578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80024-019 61.25

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IN THIS SPACE**

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

Tom Cherniawski
Tom Cherniawski

Date

4/5/05 (305) 743-7000

Daytime Phone #