

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90024 010 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2988589

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Sandra Wilson

Street Address (P.O. Box Number is Not Acceptable)

61 Hawks Cay Blvd

City

Duck Key

FL

Zip Code

33050-3756

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

Sandra Wilson
Sandra Wilson

7/16/07
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DONALD H.	
STREET ADDRESS	150 E. SAMPLE RD. S-200	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CHERNAVSKY, THOMAS	
STREET ADDRESS	MILE MARKER 61	
CITY-ST-ZIP	MARATHON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADA-CALEY, PAM	
STREET ADDRESS	8303 MARINA VILLA DR	
CITY-ST-ZIP	DUCK KEY, FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Bello	
STREET ADDRESS	61 Hawks Cay Blvd	
CITY-ST-ZIP	Duck Key FL 33050	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Wilson	
STREET ADDRESS	61 Hawks Cay Blvd	
CITY-ST-ZIP	Duck Key, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Sandra Wilson
Sandra Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07
Date

(305) 289-2994
Daytime Phone #