


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N33812 1. Entity Name HAWK'S CAY COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 61 HAWK CAY BLVD DUCK KEY, FL 33050-3456	Mailing Address 61 HAWK CAY BLVD DUCK KEY, FL 33050-3456
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DO NOT WRITE IN THIS SPACE



05042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2988589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, SANDRA 61 HAWK CAY BLVD DUCK KEY, FL 33050-3756	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, STEPHEN 61 HAWK CAY BLVD DUCK KEY, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, SANDRA 61 HAWK CAY BLVD DUCK KEY, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADA-CALEY, PAM 8303 MARINA VILLA DR DUCK KEY, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/16/08 Date	(305) 289-2994 Daytime Phone #
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