

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33812

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** HAWK'S CAY COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

61 HAWK CAY BLVD  
DUCK KEY, FL 330503456

**New Principal Place of Business:**

**Current Mailing Address:**

61 HAWK CAY BLVD  
DUCK KEY, FL 330503456

**New Mailing Address:**

**FEI Number:** 59-2988589      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILSON, SANDRA  
61 HAWK CAY BLVD  
DUCK KEY, FL 330503756 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 (X) Delete  
Name: BELLO, STEPHEN  
Address: 61 HAWK CAY BLVD  
City-St-Zip: DUCK KEY, FL 33050

Title: STD ( ) Delete  
Name: WILSON, SANDRA  
Address: 61 HAWK CAY BLVD  
City-St-Zip: DUCK KEY, FL 33050

Title: D ( ) Delete  
Name: NADA-CALEY, PAM  
Address: 8303 MARINA VILLA DR  
City-St-Zip: DUCK KEY, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MCGUIRE, CHUCK  
Address: 79 MASSACHUSETTES AVE.  
City-St-Zip: MASSAPEQUA, NY 11758

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: SANDRA WILSON

STD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date