

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34923 (5)**

1. Corporation Name

**THE ESTATES OF HAWLEY PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O B ALLEN LOCKE  
5345 S 25 ST  
FT. PIERCE FL 34981  
US

C/O ALLEN LOCKE  
5345 S 25 ST  
FT. PIERCE FL 34981  
US



3. Date Incorporated or Qualified  
**10/27/1989**

3a. Date of Last Report  
**03/20/1995**

4. FEI Number  
**65-0202045**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKE, B. A  
5325 S. 25 STREET  
FT. PIERCE FL 34481

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

(Not for Registered Agent's signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS LOCKE, B A  
CITY - ST - ZIP 5325 S. 25 STREET  
FT PIERCE FL

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS MEDOW, LAWRENCE R  
CITY - ST - ZIP 5325 S. 25 STREET  
FT. PIERCE FL

TITLE ☐ DELETE  
NAME DS  
STREET ADDRESS LOCKE, MARY  
CITY - ST - ZIP 5345 S 25 ST  
FT PIERCE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-90 (401) 33-7793  
Date: Daytime Phone #

CR2E037 (12/95)