

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N34923**

1. Entity Name

**THE ESTATES OF HAWLEY PROPERTY OWNER'S ASSOCIATI****FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90005 022 \*\*\*\*61.25

978729



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0202045**

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

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

Name

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

5345 S. 25<sup>th</sup> ST

City

FL

Zip Code

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.

SIGNATURE

*Lawrence R Medow, VP*

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

(NOTE: Registered Agent signature required when reinstating)

9-3-01

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS LOCKE, B A  
CITY-ST-ZIP 5325 S. 25 STREET  
FT PIERCE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME DV  
STREET ADDRESS MEDOW, LAWRENCE R  
CITY-ST-ZIP 5325 S. 25 STREET  
FT. PIERCE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME DS  
STREET ADDRESS LOCKE, MARY  
CITY-ST-ZIP 5345 S 25 ST  
FT PIERCE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lawrence R Medow, CPA*

9-10-01 521-335-7793

CR2E037 (5/01)