


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90003 001 \*\*\*\*61.25

<b>DOCUMENT # N34923</b> 1. Entity Name <b>THE ESTATES OF HAWLEY PROPERTY OWNER'S ASSOCIATION, INC.</b>																																																																																																																										
Principal Place of Business <b>C/O B ALLEN LOCKE</b> <b>5345 S 25 ST</b> <b>FT. PIERCE, FL 34981 US</b>			Mailing Address <b>C/O ALLEN LOCKE</b> <b>5345 S 25 ST</b> <b>FT. PIERCE, FL 34981 US</b>																																																																																																																							
2. Principal Place of Business		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State																																																																																																																								
Zip	Country	Zip	Country																																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																							
<b>LOCKE, B. A</b> <b>5345 S 25TH ST</b> <b>FT. PIERCE, FL 34481</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																										
<b>Filing Fee Is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP LOCKE, B A</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5325 S. 25 STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT PIERCE, FL</td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">MEDOW, LAWRENCE R</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5325 S. 25 STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. PIERCE, FL</td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOCKE, MARY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5345 S 25 ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT PIERCE, FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOCKE, BA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5345 S. 25<sup>TH</sup> STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. PIERCE, FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">LOCKE, MARY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5345 S. 25<sup>TH</sup> ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. PIERCE, FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	DP LOCKE, B A	<input type="checkbox"/> Delete	STREET ADDRESS	5325 S. 25 STREET		CITY-ST-ZIP	FT PIERCE, FL		TITLE	DV	<input checked="" type="checkbox"/> Delete	NAME	MEDOW, LAWRENCE R		STREET ADDRESS	5325 S. 25 STREET		CITY-ST-ZIP	FT. PIERCE, FL		TITLE	DS	<input type="checkbox"/> Delete	NAME	LOCKE, MARY		STREET ADDRESS	5345 S 25 ST		CITY-ST-ZIP	FT PIERCE, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOCKE, BA		STREET ADDRESS	5345 S. 25 <sup>TH</sup> STREET		CITY-ST-ZIP	FT. PIERCE, FL		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOCKE, MARY		STREET ADDRESS	5345 S. 25 <sup>TH</sup> ST.		CITY-ST-ZIP	FT. PIERCE, FL		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		
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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.																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>B Allen Locke</i> <b>B. ALLEN LOCKE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>8/8/04</b>  <small>Date</small> </div> <div style="width: 30%;"> <b>772-467-7049</b>  <small>Daytime Phone #</small> </div> </div>																																																																																																																										