


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N43955
 1. Entity Name
HAWKS LANDING OWNERS ASSN. OF JAX, INC.



Principal Place of Business Mailing Address
8180 HAWKS LANDING CT **8180 HAWKS LANDING CT**
JACKSONVILLE, FL 32217 **JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE



02262005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3088150 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARRELL, NANCY
8234 HAWKINS LANDING DR
JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DAVIS, TIM
STREET ADDRESS	4803 HAWKS LANDING CT
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	HARRELL, NANCY
STREET ADDRESS	8234 HAWKS LANDING DR
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	S
NAME	HOWARD, KELLIE
STREET ADDRESS	8204 HAWKS LANDING DR
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	PD
NAME	ROWAN, DEREK
STREET ADDRESS	8180 HAWKS LANDING DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/28/05-80067-010 61.25

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: Nancy A. Harrell **Nancy A. Harrell (T)** 2-28-05 (904) 731-1208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #