

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43955

FILED
Apr 07, 2009
Secretary of State

Entity Name: HAWKS LANDING OWNERS ASSN. OF JAX, INC.

Current Principal Place of Business:

8282 WESTERN WAY CIR. STE. # 1101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8282 WESTERN WAY CIR. STE. # 1101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3088150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, BARBARA M
8282 WESTERN WAY CIR., STE # 1101
JACKSONVILLE, FL 32256 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: DVP () Delete
Name: DAVIS, TIM
Address: 4803 HAWKS LANDING CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Delete
Name: HARRELL, NANCY
Address: 8234 HAWKS LANDING DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: HOWARD, KELLIE
Address: 8204 HAWKS LANDING DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: DP () Delete
Name: ROWAN, DEREK
Address: 8180 HAWKS LANDING DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: LONGO, ANN
Address: 4810 HAWKS LANDING CT.
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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: BARBARA M. ROGERS

MGR

04/07/2009

Electronic Signature of Signing Officer or Director

Date