FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:56

DOCUMENT # N92000000664 (4)

1. Corporation Name
HAWKSCREST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3060 PLAYERS POINT LONGWOOD FL 32779	3060 PLAYERS POINT LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3313783 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2180 W. State Road 434	26 2180 W. State Road 434
22 Suite, Apt. #, etc. Suite 2110	27 Suite, Apt. #, etc. Suite 2110
23 City & State Longwood Florida	28 City & State Longwood Florida
24 Zip 32779 25 County United States	29 Zip 32779 30 County United States

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation was solely for charitable purposes pursuant to Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C. CO 200 S ORANGE AVENUE SUITE 2300 ORLANDO FL 32801	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DEGROTTE, MICHAEL H JR	12 NAME	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVEL	13 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DEGROOTE, GARY W	22 NAME	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVE	23 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LUCHAK, FRED	32 NAME	
STREET ADDRESS	11 VICTORIA STREET, P.O. BOX HM 1065	33 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON HMEX BE	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	V/D ☒ Change ☐ Addition
NAME	KAYE, STUART O	42 NAME	COLEMAN HIGHLIGHTER
STREET ADDRESS	3060 PLAYERS POINT	43 STREET ADDRESS	2180 W. STATE ROAD 434, SUITE 2110
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	LONGWOOD, FLORIDA, 32779
TITLE	VDTS	51 TITLE	☐ Change ☐ Addition
NAME	PEKARUK, JERRY	52 NAME	
STREET ADDRESS	1100 BURLOAK DRIVE, GARDEN LEVEL	53 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ON	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	SEXTON, DAVID N	62 NAME	REMITTED FOR [illegible]
STREET ADDRESS	1167 THIRD ST. SO	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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)(i), 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 the 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: Jerry Pekaruk JERRY PEKARUK 4/1/95 407-786-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032400