


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90290 013 \*\*\*\*61.25

<b>DOCUMENT # N94000003894</b> 1. Entity Name <b>HAWKCREST WOODS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>2424 HAWKCREST DR #E JACKSONVILLE, FL 32259 US</b>		Mailing Address <b>2424 HAWKCREST DR #E JACKSONVILLE, FL 32259 US</b>	
2. Principal Place of Business <b>2407 Hawkcrest Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>2407 Hawkcrest Drive</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>	
Zip <b>32259</b>		Zip <b>32259</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, REED E 2424 HAWKCREST DR E JACKSONVILLE, FL 32259</b>		7. Name and Address of New Registered Agent Name <b>Andrew Pirolo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2407 Hawkcrest Drive</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32259</b>	
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 <u><i>Andrew Pirolo</i></u> <b>Treasurer</b> <b>3-2-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD KLUBA, ROBERT 2420 HAWKCREST DR. E JACKSONVILLE, FL 32259</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD Brown, Ernest 2412 Hawkcrest Drive Jacksonville, FL 32259</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSD BROWN, ERNEST 2412 HAWKCREST DR E. JACKSONVILLE, FL 32259</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSD Terri Hinton 2411 Hawkcrest Drive Jacksonville, FL 32259</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD BROWN, REED E 2424 HAWKCREST DR E JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD Andrew Pirolo 2407 Hawkcrest Drive Jacksonville, FL 32259</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Andrew Pirolo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-2-05</b> <b>287-6982</b> <small>Date Daytime Phone #</small>	