

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# N96000002614

Entity Name: TALLAHASSEE HAWKS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3032 HAWKS LANDING DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1567
TALLAHASSEE, FL 323021567

New Mailing Address:

FEI Number: 59-3599394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHARTON, JOHN L
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: WHARTON, JOHN L
Address: 3032 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD () Delete
Name: SACHS, RON
Address: 3020 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: HACKMEYER, MICHELE
Address: 3017 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: HARRISON, THOMAS G
Address: 3215 SHADY HAWK LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: JOHN L WHARTON

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date