2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# N97000004092

Entity Name: HAWKSNEST AT DORAL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8600 NW 17 STREET
SUITE 145
DORAL, FL 33126

New Principal Place of Business:

11310 NW 42 TERRACE
DORAL, FL 33178

Current Mailing Address:

8600 NW 17 STREET
SUITE 145
DORAL, FL 33126

New Mailing Address:

FEI Number: 65-0772841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EISINGER, DENNIS P
4000 HOLLYWOOOD BLVD.
SUITE 265 - SOUTH
HOLLYWOOD, FL 33021 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: QUIROZ, FIAVIO
Address: 9105 NW 25 ST #1095
City-St-Zip: MIAMI, FL 33172

Title: DST ( ) Delete
Name: ESCARDO, ALEX
Address: 4211 NW 112 AVENUE
City-St-Zip: DORAL, FL 33178

Title: VPD ( ) Delete
Name: OCANTO, LYNDA
Address: 11352 NW 42 TERR
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: QUIROZ, FLAVIO
Address: 9105 NW 25 ST #1095
City-St-Zip: MIAMI, FL 33172

Title: VP/D (X) Change ( ) Addition
Name: ESCARDO, ALEX
Address: 4211 NW 112 AVENUE
City-St-Zip: DORAL, FL 33178

Title: T/D (X) Change ( ) Addition
Name: OCANTO, CARMEN
Address: 11352 NW 42 TERR
City-St-Zip: DORAL, FL 33178

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: FLAVIO QUIROZ P/D 09/05/2007

Electronic Signature of Signing Officer or Director — Date