## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N97000007141** 

HAWK'S LANDING AT IBIS HOMEOWNERS



**FILED** Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90101 021 \*\*\*\*61.25

ASSOCIA	ATION, INC.								
275 TONEY PENNA DR. 2		Mailing Address 275 TONEY PENNA DRIV #7 JUPITER, FL 33458	275 TONEY PENNA DRIVE #7		40056300				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		04042006	Chg-NP	CR2E037 (11/05)			
City & State		City & State		4. FEI Numbe 65-082		<del></del>	oplied For		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad	ditional		
	5. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent			
			Name						
	CRAIG RISE COMPANIES EY PENNA DRIVE #7		Street Add	ress (P.O. Box Number	r is Not Acceptab	e)			
	FL 33458								
			City	<u> </u>		FL Zip Coo	l <del>e</del>		
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or re	gistered agent, or bot	h, in the State of Fl	orida. I am familiar with	and accept		
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: R	Pegistered Agent signature :	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
					1				
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor		\$5.00 May B Added to Fees	o ,	lake check payable t rida Department of S			
10.	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund Cor		Added to Fees	Flo		tate		
TITLE	OFFICERS AND DIF	Trust Fund Cor	11.	Added to Fees	Flo	rida Department of S	tate		
TITLE NAME	OFFICERS AND DIF PD TYRRELL, STUART	Trust Fund Cor RECTORS	11. TITLE NAME	Added to Fees	Flo	rida Department of S	tate		
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DIF PD TYRRELL, STUART 8225 IBIS BLVD	Trust Fund Cor	TIL. TITLE NAME STREET ADDRESS	Added to Fees	Flo	rida Department of S	tate		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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ED NAME OF SIGNING OFFICER OR DIRECTOR

STUDET C. TYLLEU

4.13.00