

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001508

Entity Name

HAWKINS COVE OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

P.O. BOX 1987
YULEE, FL 32041-1987

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

POWELL, TERRELL J
2215 STATE ROAD 200 E
YULEE FL 32097

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

4-18-01

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, KENNETH L JR 11217 SAN JOSE BLVD. JACKSONVILLE FL 32223	☐ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	PHILLIP A. DANIEL 11217 SAN JOSE BLVD JACKSONVILLE FL 32223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAKOSKE, JOHN E 11217 SAN JOSE BLVD. JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, CHARLES W III 11217 SAN JOSE BLVD. JACKSONVILLE FL 32223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth L. Johns Jr.

4-19-01

Date

904-225-9070

Daytime Phone #

Kenneth L. Johns Jr.

CR2F034 (11/00)