


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90122 007 \*\*\*\*61.25

**DOCUMENT # N98000001508**

1. Entity Name  
**HAWKINS COVE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 2215 EAST SR 200  
 YULEE, FL 32097 *OLD*

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



2. Principal Place of Business  
*Signature Realty*  
 Suite, Apt. #, etc.  
 4003 Hartley Rd.

3. Mailing Address  
*Signature Realty*  
 Suite, Apt. #, etc.  
 4003 Hartley Rd.

04202004 Chg-NP CR2E037 (10/03)

City & State  
 Jacksonville FL

City & State  
 Jacksonville FL

Zip  
 32257

Country  
 Duval

4. FEI Number  
 59-3564881

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
 POWELL, TERRELL J  
 2215 STATE-ROAD 200 E  
 YULEE, FL 32097 *OLD*

7. Name and Address of New Registered Agent  
 Name  
 Bryan Cantrell  
 Street address (P.O. Box Number is Not Acceptable)  
 Signature Realty  
 4003 Hartley Rd  
 City  
 Jacksonville FL Zip Code  
 32257

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 *Bryan Cantrell* DATE *4/21/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, KENNETH L JR 11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kelvin Brooks 1905 Hawkins Cve Dr. W. Jax, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAKOSKE, JOHN E 11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP Gary Sowell 1243 Autumn Sunrise Dr. Jax, FL 32246 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, PHILLIP A 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tim Mansfield 12137 Autumn Sunrise Dr. Jax, FL 32246 <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	D Arnita Agnihotri 1775 Hawkins Cve Dr. E. Jax, FL 32246 <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	(D) Richard Quallio 1769 Hawkins Cove Dr. E JAX FL 32246 <input type="checkbox"/> Change <input checked="" 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: *J. Kelvin Brooks* DATE: *4/27/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR