2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# N98000001508

Entity Name: HAWKINS COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SIGNATURE REALTY
4003 HARTLEY RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

SIGNATURE REALTY
4003 HARTLEY RD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3564881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTRELL, BRYAN
%SIGNATURE REALTY
4003 HARTLEY RD
JACKSONVILLE, FL 32257 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: BROOKS, KELVIN
Address: 1905 HAWKINS COVE DR. W.
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD ( ) Delete
Name: SOWELL, GARY
Address: 12043 AUTUMN SUNRISE DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: MANSFIELD, TIM
Address: 12137 AUTUMN SUNRISE DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: AGNIHORTI, ARNITA
Address: 1775 HAWKINS COVE DR. E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: QUALLIO, RICHARD
Address: 1769 HAWKINS COVE DR. E
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOWELL JR., GARY
Address: 12043 AUTUMN SUNRISE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD (X) Change ( ) Addition
Name: NOWAK, JAMES
Address: 12019 BLUE STAR COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD (X) Change ( ) Addition
Name: MONTGOMERY, CHERRISE
Address: 12002 SUNCHASE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change ( ) Addition
Name: NOGLE, LINDA
Address: 1851 WOODRIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change ( ) Addition
Name: MCGARR, JOE
Address: 1679 HAWKINS COVE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

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: GARY SOWELL JR. PD 01/31/2005

Electronic Signature of Signing Officer or Director — Date