## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

# DOCUMENT# N98000001508

TI FILED
Nov 12, 2007
Secretary of State

Entity Name: HAWKINS COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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SIGNATURE REALTY 12620-3 BEACH BLVD.

4003 HARTLEY RD 301

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32246

### Current Mailing Address: New Mailing Address:

SIGNATURE REALTY 12620-3 BEACH BLVD.

4003 HARTLEY RD 3

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32246

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

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CANTRELL, BRYAN

%SIGNATURE REALTY

4003 HARTLEY RD

JARNUTOWSKI, SHERRIE
12620-3 BEACH BLVD.
301

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32246 US

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: SHERRIE JARNUTOWSKI 11/12/2007

Electronic Signature of Registered Agent Date

#### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ()Delete Title: ()Change ()Addition

 Name:
 HOLCOMB, FLORENCE
 Name:

 Address:
 1679 HAWKINS COVE DR. E.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246 US
 City-St-Zip:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WOTANIS, LUELLYN
 Name:

 Address:
 12035 AUTUMN SUNRISE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246 US
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 NOGLE, LINDA
 Name:

 Address:
 1851 WOODRIVER DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

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: SHERRIE JARNUTOWSKI RA 11/12/2007