

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 033 ****70.00

DOCUMENT # N98000003242

1. Entity Name

VILLAGE AT HAWK'S CAY PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business

800 DUCK KEY DRIVE
MARATHON FL 33050

Mailing Address

800 DUCK KEY DRIVE
MARATHON FL 33050

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0799952

Applied For

Not Applicable

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

KOBY, MICHELLE
800 DUCK KEY DRIVE
MARATHON FL 33050

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYSMAN, PETER	
STREET ADDRESS	62 FRONT STREET	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIANCO, VINCENT	
STREET ADDRESS	14659 STIRRUP LANE	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARCAK, THOMAS	
STREET ADDRESS	2250 EVERGREEN DR	
CITY - ST - ZIP	PERRY OH 44081	
TITLE	TFD	<input type="checkbox"/> Delete
NAME	QUARLES, GREYSON	
STREET ADDRESS	7068 HARBOR VILLAGE DR	
CITY - ST - ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, PRITAM	
STREET ADDRESS	279 GOLF CLUB DR	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCO, VINCENT	
STREET ADDRESS	14659 STIRRUP LANE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYSMAN, PETER	
STREET ADDRESS	62 FRONT ST.	
CITY - ST - ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Michelle Koby *Vincent Bianco* 1/31/07 (305) 743-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #