

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005345

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: HAWK'S NEST CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

205 CANOVA DRIVE  
NEW SMYRNA BEACH, FL 32169

## New Principal Place of Business:

116 CANAL STREET,  
SUITE A  
NEW SMYRNA BEACH, FL 32168

## Current Mailing Address:

205 CANOVA DRIVE  
NEW SMYRNA BEACH, FL 32169

## New Mailing Address:

116 CANAL STREET  
SUITE A  
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3573354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAUMANN, KARLA  
205 CANOVA DRIVE  
NEW SMYRNA BEACH, FL 32169 US

## Name and Address of New Registered Agent:

BAUMANN, KARLA  
116 CANAL STREET  
SUITE A  
NEW SMYRNA BEACH, FL 32168 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:

04/28/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PESCH, NORM  
Address: 205 CANOVA DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD ( ) Delete  
Name: DEWINDT, LYDA  
Address: 205 CANOVA DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD ( ) Delete  
Name: HAY, MICHAEL  
Address: 205 CANOVA DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition  
Name: PESCH, NORM  
Address: 116 CANAL STREET, SUITE A  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P/D (X) Change ( ) Addition  
Name: DEWINDT, LYDA  
Address: 116 CANAL STREET, SUITE A  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D (X) Change ( ) Addition  
Name: HAY, MICHAEL  
Address: 116 CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: LYNDA DEWINDT

P/D

04/28/2007

Electronic Signature of Signing Officer or Director

Date