

AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-03-2004 90674 016 ****70.00 N99000001617

FILED

04 MAY 20 PM 12: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04082004 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000001617					
1. Entity Name HAWTHORNE OAKS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 280 OAK RUN COURT APOPKA, FL 32703			Mailing Address 280 OAK RUN COURT APOPKA, FL 32703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3717696	Applied For Not Applicable
6. Name and Address of Current Registered Agent MORSE, DAVID 280 OAK RUN COURT APOPKA, FL 32703				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer. (NGFE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSD	<input checked="" type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BARRY L		NAME	David Morse	
STREET ADDRESS	219 PASADENA PLACE		STREET ADDRESS	280 Oak Run Ct	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Apopka, FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BONNIE R		NAME	Zenaida Negron	
STREET ADDRESS	219 PASADENA PLACE		STREET ADDRESS	P.O. Box 2267	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Apopka, FL 32704	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ROBERT J		NAME	Kristin Dudzinski	
STREET ADDRESS	219 PASADENA PLACE		STREET ADDRESS	P.O. Box 2267	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Apopka, FL 32704	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			DAVID MORSE		4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					407-889-4756
					Date: _____