

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001617

FILED
Feb 09, 2007
Secretary of State

Entity Name: HAWTHORNE OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 783367
WINTER GARDEN, FL 34778

New Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-3717696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER
113 DESIREE AURORA ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON 02/09/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: MAYER, KRISTIN
Address: 280 OAK RUN CT
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: NEGRON, ZENaida
Address: P.O. BOX 2267
City-St-Zip: APOPKA, FL 32704

Title: SD () Delete
Name: WALTERS, KEVIN
Address: 274 OAK RUN CRT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYER, KRISTIN
Address: 280 OAK RUN CT
City-St-Zip: APOPKA, FL 32703

Title: STD (X) Change () Addition
Name: NEGRON, ZENaida
Address: 213 N. HAWTHORNE AVE
City-St-Zip: APOPKA, FL 32703

Title: VPD (X) Change () Addition
Name: WALTERS, KEVIN
Address: 274 OAK RUN CRT
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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: SPENCER SOLOMON RA 02/09/2007
Electronic Signature of Signing Officer or Director Date