

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# N99000001617

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

**Current Principal Place of Business:**

2582 SOUTH MAGUIRE RD  
318  
OCOEE, FL 34761

**New Principal Place of Business:**

**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  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SPRY, ALLEN  
Address: 301 N. HAWTHORNE AVE  
City-St-Zip: APOPKA, FL 32703

Title: STD      ( ) Delete  
Name: BUSCHMANN, MARY  
Address: 307 N. HAWTHORNE AVE  
City-St-Zip: APOPKA, FL 32703

Title: VPD      ( ) Delete  
Name: RICH, PATRICIA  
Address: 231 N. HAWTHORNE AVE  
City-St-Zip: APOPKA, FL 32703

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: SPENCER SOLOMON

RA

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date