

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P02000113005 1. Entity Name HAWTHORNE VILLAGE AT PORT ORANGE, INC.	
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Principal Place of Business 225 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801	Mailing Address 225 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACKINNON, ALEXANDER C
225 SOUTH ORANGE AVE STE 800
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000784706 01/16/08-80064-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-ZAWAWI, ALAWI 225 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-ZAWAWI, ABDULMUNEM 225 SOUTH ORANGE AVE STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-ZAWAWI, TALAL 255 SOUTH ORANGE AVE., STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST MACKINNON, ALEXENDAR C 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MADATHIL, SASI 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-ZAWAWI, SI HAM 255 SOUTH ORANGE AVE., STE 800 ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *Alexander C. Mackinnon* 1/10/2008 407.843.73N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #