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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754193 (1)

1. Corporation Name
HARTRIDGE HARBOR OWNERS' ASSOCIATION INC.



Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044
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3. Date Incorporated or Qualified 09/16/1980	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 3548 Harbor Circle Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 481 Suite, Apt. #, etc.
22 City & State 23 Winter Haven, Florida	27 City & State 28 Winter Haven, Florida
24 Zip 33881	25 Country USA
29 Zip 33882-0481	30 Country USA

4. FEI Number NOT APPLICABLE	59-3148697	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SNYDER, RON
3567 HARBOR CIR.
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name Barbara B. Beazell
82 Street Address (P.O. Box Number is Not Acceptable) 3548 Harbor Circle
83
84 City Winter Haven
85 State FL
86 Zip Code 33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara B. Beazell* **Barbara B. Beazell, President** 4/2/97
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, RON	
STREET ADDRESS	3567 HARBOR CIRCLE NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, DOT	
STREET ADDRESS	3555 HARBOR CIRCLE NW	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NETTLETON, CAROL	
STREET ADDRESS	3559 HARBOR CIRCLE NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Beazell, Barbara B.		
1.3 STREET ADDRESS	3548 Harbor Circle		
1.4 CITY-ST-ZIP	Winter Haven, FL 33881		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Harmon, Patricia		
2.3 STREET ADDRESS	3561 Harbor Circle		
2.4 CITY-ST-ZIP	Winter Haven, FL 33881		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Hill, Carrie		
3.3 STREET ADDRESS	3554 Harbor Circle		
3.4 CITY-ST-ZIP	Winter Haven, FL 33881		
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Kaylor, Anne		
4.3 STREET ADDRESS	P.O. Box 7126 N/A		
4.4 CITY-ST-ZIP	Winter Haven, FL 33883-7126		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)