

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 03, 2008  
Secretary of State**

DOCUMENT# 754193

Entity Name: HARTRIDGE HARBOR OWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

3556 HARBOR CIRCLE  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 481  
WINTER HAVEN, FL 33882 US

**New Mailing Address:**

FEI Number: 59-3148697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HIGGINS, PATTY  
3556 HARBOR CIR  
WINTER HAVEN, FL 33881 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: HIGGINS, PATTY  
Address: 3556 HARBOR CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD ( ) Delete  
Name: MERCER, TRACY  
Address: 3551 HARBOR CIR.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: GILREATH, VICKI  
Address: 3549 HARBOR CIR.  
City-St-Zip: WINTER HAVEN, FL 33881

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

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

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

Title: VP (X) Change ( ) Addition  
Name: ENNIS, PAUL  
Address: 3543 HARBOR CIR.  
City-St-Zip: WINTER HAVEN, FL 33881

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: PATTY HIGGINS

PD

09/03/2008

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

\_\_\_\_\_  
Date