


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV -1 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012301	
1. Entity Name HART LAKE COVE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5018 GREENBROOK LN LAKELAND, FL 33811	Mailing Address PO BOX 5284 LAKELAND, FL 33807
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2. Principal Place of Business - No P.O. Box # 309 Fish Hawk Dr Suite, Apt. #, etc.	3. Mailing Address 6039 Cypress Gardens Blvd Suite, Apt. #, etc. Ste 208
City & State Winter Haven FL	City & State Winter Haven FL
Zip 33884	Country US
Zip 33884	Country US

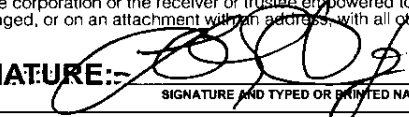
10092007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4831403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, KAY 5018 GREENBROOK LN LAKELAND, FL 33811	7. Name and Address of New Registered Agent Name Louis J. Currier Jr. Street Address (P.O. Box Number is Not Acceptable) 309 Fish Hawk Dr City Winter Haven FL Zip Code 33884
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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.	400110942614 10/18/07--01021--002 **EL 25 10-9-07
SIGNATURE 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, VICKIE 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Louis J. Currier Jr 309 Fish Hawk Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMSEY, GRANVILLE 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gail Grant 306 White Ibis Ln Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MURPHY, JOHN 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Paul Morales 372 Fish Hawk Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Sergi 173 Fish Hawk Dr Winter Haven, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lisa Megna 193 Fish Hawk Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michelle Whitaker 311 White Ibis Lane Winter Haven FL 33884 <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Pittman 201 Fish Hawk Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: 	DATE 11-5-07 863-324-3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	