2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State

DOCUMENT # N06000003791 1. Entity Name HARTFORD ESTATES PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.							02-01-20	07 90029	016 ****6	1.25
Principal Place 200 LAKE MI LAKELAND, F	ORTON DRIVE	Mailing Address 200 LAKE MORTON DR LAKELAND, FL 33801	200 LAKE MORTON DRIVE							
2. Principal Place of Business - No P.O. Box # 5431 U.S. Hwy 98 S		3. Mailing Address						ij deili deili deil		
Suite, Apt.		P.O. Box 23 Suite, Apt. #, etc.				01292007	O. NO	000	-007 (40(00)	
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City & Stat		City & State				4. FEI Numbe				oplied For
Lakelar Zip	nd, FL Country	Highland Ci		FL untry	-	51-05	73814			ot Applicable
33812	Polk	^{Zīp} 33846	Po			5. Certificate	of Status Desire	ed 🗌	\$8.75 Add Fee Require	
000.5	6. Name and Address of Current					7. Name and	Address of Ne	w Registere	d Agent	"
MARTIN F	SNOW IR			Name						
MARTIN, E SNOW JR. 200 LAKE MORTON DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
LAKELANI	D, FL 33801			-						
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	•			City				F	L Zip Cod	e
	named entity submits this statement failure of registered agent.		register	ed office or	registere	d agent, or bol	th, in the State of	of Florida. I a	im familiar with,	and accept
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registere	ed Agent signatu	ıre required w	vhen reinstating)		DATE	E	
	Signature, typed or printed name of registered soon Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (npaign f	Financing	_ ;	\$5.00 May B Added to Fees		Make che Florida Dep	eck payable to	tate
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indicated on this report or supplied with this mining does not quality 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:

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/29/07

863-646-5187

Daytime Phone #