


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725868 (4)

1. Corporation Name
HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business 2225 STARBOARD WINTER HAVEN FL 33881-1357	Mailing Address 2225 STARBOARD WINTER HAVEN FL 33881-1357
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3. Date Incorporated or Qualified
03/20/1973

4. FEI Number
59-1562386

Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MCMAHON, WANDA
2210 STAR BOARD ST
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
OSBORNE, DOICE J.

82 Street Address (P.O. Box Number is Not Acceptable)
2214 STARBOARD

83

84 City
WINTER HAVEN

85 Zip Code
FL 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 *Doice J. Osborne*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAZ, DOUGLAS		1.2 NAME	
STREET ADDRESS 2215 PORT STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, DALE		2.2 NAME	
STREET ADDRESS 2209 PORT STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMAHON, WANDA		3.2 NAME OSBORNE, DOICE J.	
STREET ADDRESS 2210 STARBOARD ST.		3.3 STREET ADDRESS 2214 STARBOARD	
CITY-ST-ZIP WINTER HAVEN FL		3.4 CITY-ST-ZIP WINTER HAVEN, FL 33881	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLERNON, JULIE		4.2 NAME McCLERNON, JULIA C.	
STREET ADDRESS 2206 STARBOARD ST		4.3 STREET ADDRESS 2206 STARBOARD	
CITY-ST-ZIP WINTER HAVEN FL		4.4 CITY-ST-ZIP WINTER HAVEN, FL 33881	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MITCHELL, ROBERT B		5.2 NAME PETRUS, DONALD	
STREET ADDRESS 2205 STARBOARD ST		5.3 STREET ADDRESS 2218 PORT	
CITY-ST-ZIP WINTER HAVEN FL		5.4 CITY-ST-ZIP WINTER HAVEN. FL 33881	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OSBORNE, DOICE		6.2 NAME SHELTON, ALLEN O.	
STREET ADDRESS 2214 STARBOARD ST		6.3 STREET ADDRESS 2209 STARBOARD	
CITY-ST-ZIP WINTER HAVEN FL		6.4 CITY-ST-ZIP WINTER HAVEN, FL 33881	

14. I 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.

SIGNATURE: *Julia C. McClernon* Julia C. McClernon 1/24/1998 941-295-9087

CFR2037 (10/97)