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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90019 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **725868** (4)  
 Corporation Name

**HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **STARBOARD HAVEN FL 33881-1357**  
 Mailing Address: **2225 STARBOARD WINTER HAVEN FL 33881-1357**

3. Date Incorporated or Qualified: **03/20/1973**  
 4. FEI Number: **59-1562386**  
 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

Principal Place of Business: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

9. Name and Address of Current Registered Agent

**Doice J. Osborne**  
 2214 Starboard ST.N.W.  
 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** FL 85 Zip Code: **33881**

I, Pursuant to the provisions of Sections 817.0502 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 (NOTE: Registered Agent signature required when reinstating) DATE: 3/14/99

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAZ, DOUGLAS</b>	
STREET ADDRESS	<b>2215 PORT STREET</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>RD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, DALE</b>	
STREET ADDRESS	<b>2209 PORT STREET</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE <i>Add</i>
NAME	<b>MCMAHON, WANDA</b>	
STREET ADDRESS	<b>2210 STARBOARD ST.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCLERNON, JULIE</b>	
STREET ADDRESS	<b>2206 STARBOARD ST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITCHELL, ROBERT B</b>	
STREET ADDRESS	<b>2205 STARBOARD ST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>OSBORNE, DOICE</b>	
STREET ADDRESS	<b>2214 STARBOARD ST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Beatrice Carroll</b>
1.3 STREET ADDRESS	<b>2215 Starboard ST. N.W.</b>
1.4 CITY-ST-ZIP	<b>Winter Haven, Fl. 33881</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP Yvonne Brooks</b>
2.3 STREET ADDRESS	<b>2211 Port St. N.W.</b>
2.4 CITY-ST-ZIP	<b>Winter Haven, Fl. 33881</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S/D OSBORNE, DOICE J.</b>
3.3 STREET ADDRESS	<b>2214 STARBOARD</b>
3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/D McCLERNON, JULIA C.</b>
4.3 STREET ADDRESS	<b>2206 STARBOARD</b>
4.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D PETRUS, DONALD</b>
5.3 STREET ADDRESS	<b>2218 PORT</b>
5.4 CITY-ST-ZIP	<b>WINTER HAVEN. FL 33881</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D SHELTON, ALLEN O.</b>
6.3 STREET ADDRESS	<b>2209 STARBOARD</b>
6.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>

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: Dale Richardson DALE RICHARDSON DATE: 3/14/99 941/293-0766  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 0056756

CR2E037 (10/97)