

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90416 005 ****61.25

DOCUMENT # 725868 1. Entity Name HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2225 STARBOARD WINTER HAVEN FL 33881-1357			Mailing Address 2225 STARBOARD WINTER HAVEN FL 33881-1357		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1562386 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent OSBORNE, DOICE J. 2214 STARBOARD WINTER HAVEN FL 33881					
7. Name and Address of New Registered Agent Name DALE RICHARDSON Street Address (P.O. Box Number is Not Acceptable) 2209 PORT ST. WINTER HAVEN, FL. 33881 City WINTER HAVEN, FL Zip Code 33881				 MOORE CR2E037 (11/03)	
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. SIGNATURE DALE RICHARDSON PRESIDENT <i>Dale Richardson</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CARROLL, BEATRICE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2215 STARBOARD ST CITY-ST-ZIP WINTER HAVEN FL 33881	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOHN SEAY STREET ADDRESS 2216 Starboard St. CITY-ST-ZIP Winter Haven, Fl. 33881				
TITLE PD <input type="checkbox"/> Delete NAME RICHARDSON, DALE STREET ADDRESS 2209 PORT STREET CITY-ST-ZIP WINTER HAVEN FL 33881	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMES BAKER STREET ADDRESS 2213 Starboard St. CITY-ST-ZIP Winter Haven, Fl. 33881				
TITLE D <input type="checkbox"/> Delete NAME BAZ, L A STREET ADDRESS 2215 PORT ST CITY-ST-ZIP WINTER HAVEN FL	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME George Wolf STREET ADDRESS 2204 Port St. CITY-ST-ZIP Winter Haven, Fl. 33881				
TITLE VPD <input type="checkbox"/> Delete NAME BROOKS, YVONNE STREET ADDRESS 2211 PORT ST CITY-ST-ZIP WINTER HAVEN FL 33881	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE SD <input checked="" type="checkbox"/> Delete NAME OSBORNE, DOICE STREET ADDRESS 2214 STARBOARD ST CITY-ST-ZIP WINTER HAVEN FL 33881	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE SD <input type="checkbox"/> Delete NAME KRAMER, MARIE STREET ADDRESS 2205 STARBOARD ST CITY-ST-ZIP WINTER HAVEN FL 33881	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 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: DALE RICHARDSON <i>Dale Richardson</i>				4/14/04 (863)293-0766	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	