


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90139 049 ****61.25

DOCUMENT # 725868 1. Entity Name HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2225 STARBOARD WINTER HAVEN FL 33881-1357	Mailing Address 2225 STARBOARD WINTER HAVEN FL 33881-1357
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State	City & State	4. FEI Number 59-1562386	Applied For <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHARDSON, DALE 2209 PORT ST. WINTER HAVEN FL 33881		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Pres.* 3/5/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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: TD NAME: SEAY, JOHN STREET ADDRESS: 2216 STARBOARD ST. CITY-ST-ZIP: WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE: D NAME: Maureen Mitchell STREET ADDRESS: 2208 Starboard St. CITY-ST-ZIP: Winter Haven, Fl. 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: RICHARDSON, DALE STREET ADDRESS: 2209 PORT STREET CITY-ST-ZIP: WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE: D NAME: GEORGE WOLF STREET ADDRESS: 2204 Port St. CITY-ST-ZIP: Winter Haven, Fl. 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BAZ, L A STREET ADDRESS: 2215 PORT ST CITY-ST-ZIP: WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BROOKS, YVONNE STREET ADDRESS: 2211 PORT ST CITY-ST-ZIP: WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BAKER, JAMES STREET ADDRESS: 2213 STARBOARD ST. CITY-ST-ZIP: WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KRAMER, MARIE STREET ADDRESS: 2205 STARBOARD ST CITY-ST-ZIP: WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Dale Richardson, Pres.* 3/5/05 (863)293-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #