

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725868

**Entity Name:** HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION,INC.

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**4229092561CC**

**Current Principal Place of Business:**

2225 STARBOARD  
WINTER HAVEN, FL 33881-1358

**Current Mailing Address:**

2225 STARBOARD  
WINTER HAVEN, FL 33881-1358 US

**FEI Number: 59-1562386**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BAZ, LAVE A  
2210 PORT STREET  
WINTER HAVEN, FL 33881-1315 US

*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.*

**SIGNATURE: LAVE A. BAZ**

**04/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CHAPMAN, BETTY  
Address        2210 PORT STREET  
City-State-Zip: WINTER HAVEN FL 33881-1315

Title           DIRECTOR  
Name           MITCHELL, MAUREEN  
Address        2208 STARBOARD STREET  
City-State-Zip: WINTER HAVEN FL 33881

Title           VP  
Name           DENHAM, DEBORAH  
Address        2209 STARBOARD STREET  
City-State-Zip: WINTER HAVEN FL 33881

Title           DIRECTOR  
Name           BAZ, LAVE  
Address        2215 PORT STREET  
City-State-Zip: WINTER HAVEN FL 33881

Title           DIRECTOR  
Name           SMITH, ANITA  
Address        2217 STARBOARD ST NW  
City-State-Zip: WINTER HAVEN FL 33881

Title           DIRECTOR  
Name           BRIDGES, MARLENE  
Address        2204 STARBOARD ST NW  
City-State-Zip: WINTER HAVEN FL 33881

Title           PRESIDENT  
Name           ANDERSON, JOYCE  
Address        2218 STARBOARD ST  
City-State-Zip: WINTER HAVEN FL 33881

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LAVE BAZ**

**DIRECTOR**

**04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date