


FILE NOW: FILING FEE IS \$61.25

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Jun 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 725868 (4)

1. Corporation 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 |
|---|---|

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|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/20/1973 | | 3a. Date of Last Report 03/22/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1562386 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip Country | | 29 Zip Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NEFF, SUSAN 2217 STARBOARD HARTRIDGE LANDINGS WINTER HAVEN FL 33881 | | | | 81 Name Wanda McMahon 82 Street Address (P.O. Box Number is Not Acceptable) 2210 Starboard ST 83 Winter Haven FL 84 City FL 85 Zip Code 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 *Sandra B. Northam* DATE **April 21, 1997**

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------|--|---|-----------------------|---|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEFF, SUSAN | | 1.2 NAME | Douglas BAZ P | |
| STREET ADDRESS | 2217 STARBOARD | | 1.3 STREET ADDRESS | 2215 Port Street | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | | 1.4 CITY-ST-ZIP | Winter Haven FL 33881 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, JIM | | 2.2 NAME | DALE RICHARDSON VP | |
| STREET ADDRESS | 2219 PORT, NW | | 2.3 STREET ADDRESS | 2209 Port Street | |
| CITY-ST-ZIP | WINTER HAVEN FL | | 2.4 CITY-ST-ZIP | Winter Haven FL 33881 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Secretary | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COOPER, ROBERT | | 3.2 NAME | Wanda McMahon S | |
| STREET ADDRESS | 2222 STARBOARD, NW | | 3.3 STREET ADDRESS | 2210 Starboard Street | |
| CITY-ST-ZIP | WINTER HAVEN FL | | 3.4 CITY-ST-ZIP | Winter Haven FL 33881 | |
| TITLE | VP, | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANKS, SARA | | 4.2 NAME | Robert B. MITCHELL T | |
| STREET ADDRESS | 2203 PORT, NW | | 4.3 STREET ADDRESS | 2205 Starboard ST | |
| CITY-ST-ZIP | WINTER HAVEN FL | | 4.4 CITY-ST-ZIP | Winter Haven FL 33881 | |
| TITLE | TD | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MITCHELL, ROBERT B | | 5.2 NAME | Julia Mc Clellan | |
| STREET ADDRESS | 2208 STARBOARD NW | | 5.3 STREET ADDRESS | 2206 Starboard ST | |
| CITY-ST-ZIP | WINTER HAVEN FL | | 5.4 CITY-ST-ZIP | Winter Haven FL 33881 | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | Doiae Osborne | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 2214 Starboard ST | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Winter Haven FL 33881 | |

14. I do 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 *Wanda McMahon* DATE **4/21/97**

CR2E037 (9/96)