

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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

HARTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**STARBOARD
HAVEN FL 33881-1357**

**2225 STARBOARD
WINTER HAVEN FL 33881-1357**

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1973

4. FEI Number

59-1562386

Applied For

Not Applicable

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

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

**Doice J. Osborne
2214 Starboard ST.N.W.
WINTER HAVEN FL 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/99
DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 941/
293-0766
Date Daytime Phone 0056756

CR2E037 (10/97)