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NONPROFIT
CORPORATION
ANNUAL REPORT



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

2000-UNIFORM BUSINESS
REPORT

DOCUMENT # 725868

(4)

1. Corporation Name

HARTTRIDGE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2225 STARBOARD
WINTER HAVEN FL 33881-1357

2225 STARBOARD
WINTER HAVEN FL 33881-1357

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

Doice J. Osborne
2214 Starboard ST.N.W.
WINTER HAVEN FL 33881

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

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 Doice J. OSBORNE

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

(NOTE: Registered Agent signature required when registrant is)

DATE

4/15/2000

12. OFFICERS AND DIRECTORS

TITLE D/P ☐ DELETE

NAME DALE RICHARDSON
STREET ADDRESS 2209 PORT ST.
CITY-STATE-ZIP WINTER HAVEN, FL. 33881

TITLE D/VP ☐ DELETE

NAME YVONNE BROOKS
STREET ADDRESS 2211 PORT ST.
CITY-STATE-ZIP WINTER HAVEN, FL. 33881

TITLE D ☐ DELETE

NAME MCMAHON, WANDA
STREET ADDRESS 2210 STARBOARD ST.
CITY-STATE-ZIP WINTER HAVEN FL

TITLE D/T ☐ DELETE

NAME BEATRICE CARROLL
STREET ADDRESS 2215 STARBOARD ST.
CITY-STATE-ZIP WINTER HAVEN, FL. 33881

TITLE D/S ☐ DELETE

NAME DOICE OSBORNE
STREET ADDRESS 2214 STARBOARD ST.
CITY-STATE-ZIP WINTER HAVEN, FL. 33881

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE D/JAMES JOHNSON
12 NAME 2219 PORT ST.
13 STREET ADDRESS WINTER HAVEN, FL. 33881
14 CITY-STATE-ZIP

21 TITLE D/ DURL E. ROSHONG ☐ Change ☒ Addition

22 NAME 2220 PORT ST.
23 STREET ADDRESS WINTER HAVEN, FL. 33881
24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 DALE RICHARDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 8631 293-0766

Date (Day/Mo/Yr) (Filing Office) 1-056736