

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90037 020 \*\*\*\*61.25

0045183

**DOCUMENT # 725868**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1562386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORNE, DOICE J  
 2214 STARBOARD  
 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.

SIGNATURE **DOICE J. OSBORNE**

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

(NOTE: Registered Agent signature required when reinstating)

**3/06/02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **TD**  
 STREET ADDRESS **CARROLL, BEATRICE**  
 CITY-ST-ZIP **2215 STARBOARD ST  
 WINTER HAVEN FL 33881**

☐ Delete

TITLE  
 NAME **D**  
 STREET ADDRESS **BAZ, L.A.**  
 CITY-ST-ZIP **2215 Port St. Winter Haven, FL 33881**

☐ Change ☒ Addition

TITLE  
 NAME **PD**  
 STREET ADDRESS **RICHARDSON, DALE**  
 CITY-ST-ZIP **2209 PORT STREET  
 WINTER HAVEN FL 33881**

☐ Delete

TITLE  
 NAME **D**  
 STREET ADDRESS **KRAMER, MARIE**  
 CITY-ST-ZIP **2205 Starboard St.  
 Winter Haven, FL 33881**

☐ Change ☒ Addition

TITLE  
 NAME **D**  
 STREET ADDRESS **MCMAHON, WANDA**  
 CITY-ST-ZIP **2210 STARBOARD ST  
 WINTER HAVEN FL**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME **VPD**  
 STREET ADDRESS **BROOKS, YVONNE**  
 CITY-ST-ZIP **2211 PORT ST  
 WINTER HAVEN FL 33881**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME **SD**  
 STREET ADDRESS **OSBORNE, DOICE**  
 CITY-ST-ZIP **2214 STARBOARD ST  
 WINTER HAVEN FL 33881**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME **D**  
 STREET ADDRESS **JOHNSON, JAMES**  
 CITY-ST-ZIP **2219 PORT ST  
 WINTER HAVEN FL 33881**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/06/02 (862) 293-0766**

CR2E037 (9/01)