2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01157

1. Entity Name
HARTRIDGE POINTE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2498 HARTRIDGE POINTE DR., W WINTER HAVEN, FL 33881	2498 HARTRIDGE POINTE DR., W WINTER HAVEN, FL 33881

01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2537021
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, SANDRA
2430 HARTRIDGE PT DR
WINTER HAVEN, FL 33881

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAROQUE, KAYE
STREET ADDRESS	2454 HARTRIDGE PT DR, W
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	TD
NAME	BRIGMAN, JANIE
STREET ADDRESS	2458 W HARTRIDGE PT DR
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	PD
NAME	KING, SANDRA
STREET ADDRESS	2430 HARTRIDGE PT. DR. W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VPD
NAME	SMITH, BOBBY
STREET ADDRESS	2478 HARTRIDGE PT DR W
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	ATKINSON, ROSEMARY
STREET ADDRESS	2452 HARTRIDGE PT DRIVE W
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-023 61.25

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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: Sandra B. King 1-6-05 863-294-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #