


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 039 ****61.25

DOCUMENT # N01157 1. Entity Name HARTRIDGE POINTE CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 2498 HARTRIDGE POINTE DR., W WINTER HAVEN, FL 33881			Mailing Address 2498 HARTRIDGE POINTE DR., W WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2537021	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, SANDRA 2430 HARTRIDGE PT DR WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, LIVIA 2454 HARTRIDGE PT DR, W WINTER HAVEN, FL 33881		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BRIGMAN, JANIE 2458 W HARTRIDGE PT DR WINTER HAVEN, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, SANDRA 2430 HARTRIDGE PT. DR. W. WINTER HAVEN, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTHEWS, SISSY 2456 HARTRIDGE PT. DR. W WINTER HAVEN, FL 33881		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATKINSON, ROSEMARY 2452 HARTRIDGE PT DRIVE W WINTER HAVEN, FL 33881		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-9-07 863-294-3820 <small>Date Daytime Phone #</small>		
SANDRA KING					

40030430



04022007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, LIVIA	
STREET ADDRESS	2454 HARTRIDGE PT DR, W	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	BRIGMAN, JANIE	
STREET ADDRESS	2458 W HARTRIDGE PT DR	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, SANDRA	
STREET ADDRESS	2430 HARTRIDGE PT. DR. W.	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATTHEWS, SISSY	
STREET ADDRESS	2456 HARTRIDGE PT. DR. W	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, ROSEMARY	
STREET ADDRESS	2452 HARTRIDGE PT DRIVE W	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Sandra King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SANDRA KING