2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2008 8:00 am **Secretary of State** DOCUMENT # N01157 01-31-2008 90022 037 ****61.25 HARTRIDGE POINTE CONDOMINIUM OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **AUULZO** 2498 HARTRIDGE POINTE DR., W 2498 HARTRIDGE POINTE DR., W WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01202008 CR2E037 (12/06) City & State City & State 4. FEI Number 59-2537021 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, SANDRA Street Address (P.O. Box Number is Not Acceptable) 2430 HARTRIDGE PT DR WINTER HAVEN, FL 33881 Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TDS TITLE Change didition ☐ Delete NAME BRIGMAN, JANIE NAME Virzi, Frank 2410 Hartridge Pt. Dr 2458 W HARTRIDGE PT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP Winter HAVEN FL 33881 ☐ Change Addition TITLE ☐ Delete TITLE Riley. Thomas 2468 Hartridge 71.Dr Winter Haven, FL 33881 NAME KING, SANDRA 2430 HARTRIDGE PT. DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY - ST - ZIP VPD ☑ Change Addition TITLE ☐ Delete TITLE MATHHEWS, SISSY matthews, Cissy 2456 Hartridge Pt. Dr NAME NAME 2456 HARTRIDGE PT, DR, W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP Winter HAVEN ☐ Change M Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

TRUE

NAME

Delete

SIGNATURE: TED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS CITY-ST-7(P

☐ Change

☐ Addition

FILED