07 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001913

1. Entity Name
FIFTEEN HUNDRED PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1508 DICKMAN CIRCLE SUN CITY CENTER, FL 33573-5328	1508 DICKMAN CIRCLE SUN CITY CENTER, FL 33573-5328

DO NOT WRITE IN THIS SPACE

01282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0474823

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JAMES P JR.
315 S HYDE PARK AVE
TAMPA, FL 33606

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	RIGGS, DIANE
STREET ADDRESS	1509 DICKMAN CIR
CITY-ST-ZIP	SUN CITY CENTER, FL 335735328
TITLE	DV
NAME	DIEDERICH, GENE
STREET ADDRESS	1508 DICKMAN CIRCLE
CITY-ST-ZIP	SUN CITY CENTER, FL 335735328
TITLE	DP
NAME	AVISE, RICHARD R
STREET ADDRESS	1508 DICKMAN CIR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573-5328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/07-80003-016 61.25

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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: Richard R Avise PRESIDENT 1 Feb 2007 813-633-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD R. AVISE