

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 008 ****61.25

DOCUMENT # N02000001913

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



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

Mailing Address
**1508 DICKMAN CIRCLE
SUN CITY CENTER, FL 33573-5328**

50001443



2. Principal Place of Business - No P.O. Box #
1509 Dickman Circle
Suite, Apt. #, etc.

3. Mailing Address
1509 DICKMAN Circle
Suite, Apt. #, etc.

03202008 Chg-NP CR2E037 (12/06)

City & State
Sun City Center, FL

City & State
Sun City Center, FL

4. FEI Number
51-0474823

Applied For
Not Applicable

Zip
33573-5328

Country
Hillsborough

Zip
33573-5328

Country
Hillsborough

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**

7. Name and Address of New Registered Agent

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. 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
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
RIGGS, DIANE
1509 DICKMAN CIR
SUN CITY CENTER, FL 335735328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DIEDERICH, GENE
1508 DICKMAN CIRCLE
SUN CITY CENTER, FL 335735328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
AVISE, RICHARD R
1508 DICKMAN CIR
SUN CITY CENTER, FL 33573** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Riggs, Diane
1509 Dickman Cir
Sun City Center, FL 33573-5328** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
Bellinger, Judy
1506 Dickman Circle
Sun City Center, FL 33573-5328** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Avise, Richard R.
1508 Dickman Cir
Sun City Center, FL 33573-5328** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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: Diane Riggs, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08

Date

813-634-7651

Daytime Phone #

Diane Riggs