

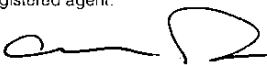

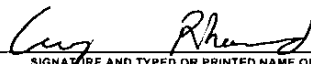


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90021 049 ****70.00

DOCUMENT # N13916 1. Entity Name THE HABITAT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1886 ALBERTA COURT SOUTH MIDDLEBURG, FL 32068 US			Mailing Address P.O. BOX 65325 ORANGE PARK, FL 32065 US		
2. Principal Place of Business - No P.O. Box # 786 Blanding Blvd		3. Mailing Address 786 Blanding Blvd		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40014110</div>  <div style="margin-top: 10px;"> 01072008 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc. Suite 118			
City & State Orange Park, FL		City & State Orange Park, FL			
Zip 32065		Zip 32065			
Country USA		Country USA		4. FEI Number 59-2731569	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUKE, LAURIE M 1886 ALBERTA CT. S. MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name Alan Perry Street Address (P.O. Box Numbers Not Acceptable) 786 Blanding Blvd Suite 118 City Orange Park FL Zip Code 32065		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">  <small>DATE</small> </div> </div> <p style="text-align: center; font-size: 10px;">(NOTE: Registered Agent signature required when reinstating)</p>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD LUKE, LAURIE M	<input checked="" type="checkbox"/> Delete	TITLE	PD Craig Rhoad	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1886 ALBERTA CT. S.		STREET ADDRESS	1873 Ontario Ct	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, JAN		NAME	Mary Bailey	
STREET ADDRESS	1861 ONTARIO CT.		STREET ADDRESS	1862 Alberta Ct N	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg FL 32068	
TITLE	AVP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLTYS-SMITH, SUSAN		NAME	Mary Ann McPeck	
STREET ADDRESS	1886 ONTARIO CT.		STREET ADDRESS	1850 Alberta Ct N	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg FL 32068	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Asst Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, SHIRLEY		NAME	Lori Lake	
STREET ADDRESS	1886 MANITOBA CT. S.		STREET ADDRESS	1886 Alberta Ct S.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Delete	TITLE	Judy Lea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Judy Lea	
STREET ADDRESS			STREET ADDRESS	1845 Alberta Ct N	
CITY-ST-ZIP			CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 life empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-7-08 (904) 406-0023		