


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90382 017 ****61.25

DOCUMENT # N23661 1. Entity Name THE HABITAT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 820 HIDEAWAY CIRCLE EAST MARCO ISLAND, FL 34145 US				Mailing Address 820 HIDEAWAY CIRCLE EAST MARCO ISLAND, FL 34145 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0052950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Grusel GREISE, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, DICK		NAME		
STREET ADDRESS	812 HIDEAWAY CIR # 124		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURCH, MITCHELL		NAME	Tengstrom, Norm	
STREET ADDRESS	816 HIDEAWAY CIR # 233		STREET ADDRESS	824 Hideaway Cir. #321	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TENGSTROM, NORMAN		NAME	Lanoix, Marge	
STREET ADDRESS	824 HIDEAWAY CIR # 321		STREET ADDRESS	280 Commonwealth Ave 401	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Boston MA 02116	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARDNER, WILLIAM		NAME		
STREET ADDRESS	812 HIDEAWAY CIR # 113		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CACCIOLA, GAIL		NAME	Murch, Mitch	
STREET ADDRESS	816 HIDEAWAY CIR # 212		STREET ADDRESS	15309 Oaktree Estates Dr.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Chesterfield, MO 63017	
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 exemption stated in Section 119.07(3)(i), 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><i>Norman R Tengstrom</i></u> , TD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/14/05</u> Daytime Phone # <u>239-642-8189</u>		
NORMAN R TENGSTROM					