

FILED
May 02, 2006 8:00 am
Secretary of State

4000000000

DOCUMENT # N23661				05-02-2006 90427 009 ****61.25	
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			
Zip		Country		Zip	
04132006		Chg-NP		CR2E037 (11/05)	
4. FEI Number 65-0052950		Applied For		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GRUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		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, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENGSTROM, NORM		NAME		
STREET ADDRESS	824 HIDEAWAY CIR #321		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANOIX, MARGE		NAME		
STREET ADDRESS	280 COMMONWEALTH AVE 401		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURCH, MITCH		NAME		
STREET ADDRESS	15309 OAKTREE ESTATES DR		STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD, MO 63017		CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u>Norm Tengstrom</u> 4/28/04 239-642-57					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					