

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90058 026 ****61.25

DOCUMENT # N30055 1. Entity Name HARTMARK ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % MARY SCHAAL 112 WALDEMAR COURT SE WINTER HAVEN, FL 33884 US			Mailing Address % MARY SCHAAL 112 WALDEMAR COURT SE WINTER HAVEN, FL 33884 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2941955	
				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	
SCHAAL, MARY 112 WALDENMAR CT SE WINTER HAVEN, FL 33884				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Mary Schaal</u> 4-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	V RIGGEAL, JEFF 102 WALDEMAR CT SE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joe Tremblay 125 Waldemar Ct SE Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHAAL, MARY 112 WALDEMAR COURT S.E. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-President Kevin McManus 123 Waldemar Ct SE Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGEAL, JEFF 102 WALDEMAR CT SE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Price 122 Waldemar Ct SE Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, BOBBY 127 WALDEMAR CT SE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Urbano 110 Waldemar Ct SE Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, WES 107 WALDEMAR CT SE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Blanc 120 Waldemar Ct SE Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURR, PAM 104 WALDEMAR CT SE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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>Mary Schaal</u> 4-2-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					