

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90251 046 \*\*\*\*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  
**121 TAMARA D. Williams**

3. Mailing Address  
**121 WALDEMAR CT SE**

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

City & State  
**Winter HAVEN FLORIDA**

Zip Country  
**33884 USA**

4. FEI Number  
**59-2941955**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHAAL, MARY  
112 WALDENMAR CT SE  
WINTER HAVEN, FL 33884**

**7. Name and Address of New Registered Agent**

Name  
**TAMARA D. Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**121 WALDEMAR CT SE**

City  
**Winter HAVEN FL**

Zip Code  
**33884**

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  
**TAMARA D. Williams, Registered Agent**

**05/01/06**

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. ☐

**\$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	<b>P TREMBLAY, JOE 125 WALDEMAR CT SE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SCHAAL, MARY 112 WALDEMAR COURT S.E. WINTER HAVEN, FL 33884</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MC MANUS, KEVIN 123 WALDEMAR CT SE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICE, JOE 122 WALDEMAR CT SE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D URBANO, GEORGE 110 WALDEMAR CT SE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANC, DAVID 120 WALDEMAR CT SE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ST TAMARA D. Williams 121 WALDEMAR CT. S.E. WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **TAMARA D. Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/06**

Date

**843-533-0314**

Daytime Phone #