2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2008
Secretary of State

DOCUMENT# N30055

Entity Name: HARTMARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O TAMARA D. WILLIAMS
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

121 WALDEMAR CT SE
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-2941955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TAMARA D
121 WALDEMAR CT SE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: URBANO, GEORGE
Address: 110 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST ( ) Delete
Name: WILLIAMS, TAMARA D
Address: 121 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 32884

Title: D ( ) Delete
Name: SCHOLLER, JOHN
Address: 119 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: RIGGEAL, JEFF
Address: 102 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: TREMBLAY, JOE
Address: 125 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FORBES, GAIL
Address: 104 WALDEMAR CT ST
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change ( ) Addition
Name: HENEGAR, LARRY E
Address: 120 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change ( ) Addition
Name: SCHAAL, JENNIFER
Address: 112 WALDEMAR CT SE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA D. WILLIAMS S/T 03/16/2008

Electronic Signature of Signing Officer or Director — Date