

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N32785

1. Entity Name
HEARTH PLACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**5703 RED BUGLK ROAD
#249
WINTER SPRINGS, FL 32708 US**

Mailing Address
**5703 RED BUGLK ROAD
#249
WINTER SPRINGS, FL 32708 US**



03202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2954589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIBBE, MICHAEL P
326 TINDER PLACE
CASSELBERRY, FL 32707**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
ROBBINS, SHANE
STREET ADDRESS
1983 KINKLING CT.
CITY-ST-ZIP
CASSELBERRY, FL 32707

TITLE
VP
NAME
MORRIS, CHRISTIE
STREET ADDRESS
303 TINDER PLACE
CITY-ST-ZIP
CASSELBERRY, FL 32707

TITLE
S
NAME
CAMPOS, SUSAN
STREET ADDRESS
271 TINDER PLACE
CITY-ST-ZIP
CASSELBERRY, FL 32707

TITLE
TD
NAME
LIBBE, MICHAEL
STREET ADDRESS
326 TINDER PLACE
CITY-ST-ZIP
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000280845
03/30/05-80035-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MICHAEL P LIBBE 3/28/05 407-256-2148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #