


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

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N93060005266	
1. Entity Name BURDINES HABITAT HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business PO BOX 560994 MIAMI, FL 33256-0994	Mailing Address PO BOX 560994 MIAMI, FL 33256-0994
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02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0470898	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 HABIT FOR HUMANITY OF GREATER MIAMI 9350 SO. DADLAND BLVD SUITE 200 MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD CLIFFORD, CAROL E 31824 SW 187 PL HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAZOYA, CYNTHIA 31842 SW 187 CT HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCOTT, BETTY 18750 SW 319 TERR HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000240087 02/23/05-80016-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Carol Clifford 2-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #