


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90107 039 ****61.25

DOCUMENT # N97000001022	
1. Entity Name THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 8519 SW AVIARY ROAD ARCADIA, FL 34269	Mailing Address 8519 SW AVIARY ROAD ARCADIA, FL 34269
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40080000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0770162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent KILBARGER, JAMES R 8519 SW AVIARY ROAD ARCADIA, FL 34269		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILBARGER, JAMES R 8519 SW AVIARY ROAD ARCADIA, FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD ALLEN, JEAN 8029 SW AVIARY RD. ARCADIA, FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD ALTHOUSE, KENNETH 7943 SW SUNNY OAKS DR. ARCADIA, FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD BATZ, NICHOLAS 8553 SW AVIARY RD. ARCADIA, FL 34269 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STD DIXIE KILBARGER 8519 SW AVIARY RD. ARCADIA, FLORIDA 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD WILLIAM ALLEN 8029 SW AVIARY RD. ARCADIA, FLORIDA 34269

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:  **JAMES KILBARGER (813) 494-4171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-21-2008** Daytime Phone #

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ATTACHMENT

40080883

DOCUMENT # N97000001022 1. Entity Name THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 8519 SW AVIARY ROAD ARCADIA, FL 34269			Mailing Address 8519 SW AVIARY ROAD ARCADIA, FL 34269		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0770162	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KILBARGER, JAMES R 8519 SW AVIARY ROAD ARCADIA, FL 34269				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <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, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILBARGER, JAMES R		NAME		
STREET ADDRESS	8519 SW AVIARY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34269		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, JEAN		NAME		
STREET ADDRESS	8029 SW AVIARY RD.		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34269		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTHOUSE, KENNETH		NAME		
STREET ADDRESS	7943 SW SUNNY OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34269		CITY-ST-ZIP		
TITLE	BOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATZ, NICHOLAS		NAME		
STREET ADDRESS	8553 SW AVIARY RD.		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34269		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BOD ELIZABETH HALL	
STREET ADDRESS			STREET ADDRESS	8200 SW AVIARY RD.	
CITY-ST-ZIP			CITY-ST-ZIP	ARCADIA, FLORIDA 34269	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BOD DEIRDRE STOTT	
STREET ADDRESS			STREET ADDRESS	8354 SW AVIARY RD.	
CITY-ST-ZIP			CITY-ST-ZIP	ARCADIA, FLORIDA 34269	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JAMES KILBARGER (863) 494-4171 Date 4-21-2008 Daytime Phone #		

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City & State		City & State		4. FEI Number 65-0770162	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KILBARGER, JAMES R 8519 SW AVIARY ROAD ARCADIA, FL 34269		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD ALLEN, JEAN 8029 SW AVIARY RD. ARCADIA, FL 34269		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD ALTHOUSE, KENNETH 7943 SW SUNNY OAKS DR. ARCADIA, FL 34269		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD BATZ, NICHOLAS 8553 SW AVIARY RD. ARCADIA, FL 34269		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD HARRY HAYMAN 11406 SW PANTHER VIEW TER. ARCADIA, FLORIDA		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD DAVID OLMSTEAD 11426 SW PANTHER VIEW TER. ARCADIA, FLORIDA		<input checked="" type="checkbox"/> Delete		
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