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 # N9700001022 1. Entity Name THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.									04-25-2	008 9	0107 0	39 ***	*61.25	
Principal Place of Business Mailing Address 8519 SW AVIARY ROAD 8519 SW AVIARY ROAD ARCADIA, FL 34269 ARCADIA, FL 34269							40	108	uooy					
Principal Place of Business - No P.O. Box # 3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.					042220	80	Chg-NP		CR2E03	37 (12/06)
City & State			City	City & State				4. FEI No.		162		1.00.1		Applied For Not Applicable
Zip	Zip Country				intry	65-0770162 Not 5. Certificate of Status Desired S8.75 Addiffee Required					dditional			
	6. Name	and Address of Current	t Registere	d Agent	L			7. Name	and A	ddress of N	lew Reg	istered /		
101.5.5.5	-					Name	•	-						
KILBARGER, JAMES R 8519 SW AVIARY ROAD ARCADIA, FL 34269						Street Ac	ddress (F	P.O. Box N	umber	is Not Acce	ptable)			
ARCADIA,	, FL 3420	9				City							7:-0	
						City						FL	Zip C	ode
	named entit tions of regist	y submits this statement f tered agent.	ar the purpo	ose of changing its	registere	ed office or	registere	ed agent, o	or both,	, in the State	of Florid	da.lam	familiar wi	th, and accept
SIGNATURE .	Signature, typed	for printed name of registered agen	it and title if appl	icable. (NOTE	E: Registere	d Agent signatu	re required	when reinstatin	ng)			DATE		
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	-	e is \$61.25 lay 1, 2008		9, Election Can Trust Fund C				\$5.00 M Added to F					payable	,
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10.	-	May 1, 2008	IRECTORS		Contribut	on.	□ 	Added to F	668	NGES TO OF	Florid	a Depar	tment of	State IN 10
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changed, or on an attachment with an address, with all other like empowered.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PAGE 2 OF 3

DOCUMENT #N97000001022 TACHMENT THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 8519 SW AVIARY ROAD 8519 SW AVIARY ROAD ARCADIA, FL 34269 ARCADIA, FL 34269 40080883 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 65-0770162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILBARGER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 8519 SW AVIARY ROAD ARCADIA, FL 34269 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change ☐ Addition KILBARGER JAMES R NAME NAME 8519 SW AVIARY ROAD STREET ADDRESS STREET ADDRESS ARCADIA, FL 34269 CITY-ST-ZIP CITY-ST-ZIP BOD Delete TITLE TITLE Change Addition NAME ALLEN, JEAN 8029 SW ARIARY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CITY-ST-ZIP BOD Delete TITLE [7] Change ☐ Addition ALTHOUSE, KENNETH NAME NAME STREET ADDRESS 7943 SW SUNNY OAKS DR. STREET ADDRESS ARCADIA, FL 34269 CITY-ST-ZIP CITY-ST-ZIP TITLE ROD ☐ Delete TITLE ☐ Change ☐ Addition BATZ, NICHOLAS NAME 8553 SW AVIARY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ELIZABETH HALL NAME MARKE STREET ADDRESS STREET ADDRESS 8200 SW AVIARY ARCADIA, FLORIDA CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition \mathcal{B} OD NAME NAME DEIRDRE STREET ADDRESS STREET ADDRESS 2354 SLU AVIARY KD. CITY-ST-ZIP CITY-ST-ZIP 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 of 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:

TAMES KILBARGER (863) 494-417

THE AND TYPES OF SIGNING OFFICER OR DIRECTOR

THE AND TYPES OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT #\N97000001022 ACHMENT THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 8519 SW AVIARY ROAD 8519 SW AVIARY ROAD ARCADIA, FL 34269 ARCADIA, FL 34269 40080883 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0770162 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILBARGER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 8519 SW AVIARY ROAD ARCADIA, FL 34269 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TIT≀ F □ Delete ☐ Addition NAME KILBARGER, JAMES R NAME 8519 SW AVIARY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CITY-ST-ZIP ROD TITLE Delete TITLE ☐ Change Addition ALLEN JEAN NAME NAME 8029 SW ARIARY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CITY-ST-ZIP BOD TITLE ☐ Delete TITLE Change ☐ Addition NAME ALTHOUSE, KENNETH NAME STREET ADDRESS 7943 SW SUNNY OAKS DR. STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CHY-ST-ZP TITLE BOD Delete TITLE Change Addition NAME BATZ, NICHOLAS NAME STREET ADDRESS 8553 SW AVIARY RD. STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34269 CITY-ST-ZIP TITLE $\mathbb{Z}^{a}\mathcal{D}$ 1 Delete TITLE ☐ Change ■ Addition NAME HARRY HAYMAN 11406 SW PANTHER VIEW TER. ARCADIA, FLORIDA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOD Delete TITLE TITLE T Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID DLMSTEAD

ARCADIA, FLORIDA

11426 SW PANTHER VIEW TER.