

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001022

FILED
Feb 20, 2009
Secretary of State

Entity Name: THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8519 SW AVIARY ROAD
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

8519 SW AVIARY ROAD
ARCADIA, FL 34269

New Mailing Address:

FEI Number: 65-0770162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILBARGER, JAMES R
8519 SW AVIARY ROAD
ARCADIA, FL 34269 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: PD () Delete
Name: KILBARGER, JAMES R
Address: 8519 SW AVIARY ROAD
City-St-Zip: ARCADIA, FL 34269

Title: BOD () Delete
Name: ALLEN, JEAN
Address: 8029 SW AVIARY RD.
City-St-Zip: ARCADIA, FL 34269

Title: BOD () Delete
Name: ALTHOUSE, KENNETH
Address: 7943 SW SUNNY OAKS DR.
City-St-Zip: ARCADIA, FL 34269

Title: BOD () Delete
Name: BATZ, NICHOLAS
Address: 8553 SW AVIARY RD.
City-St-Zip: ARCADIA, FL 34269

Title: STD () Delete
Name: KILBARGER, DIXIE
Address: 8519 SW AVIARY ROAD
City-St-Zip: ARCADIA, FL 34269

Title: VPD () Delete
Name: ALLEN, WILLIAM
Address: 8029 SW AVIARY ROAD
City-St-Zip: ARCADIA, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BOD (X) Change () Addition
Name: ALLEN, JEAN
Address: 8029 SW AVIARY RD.
City-St-Zip: ARCADIA, FL 34269

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

Title: BOD (X) Change () Addition
Name: HALL, ELIZABETH
Address: 8200 SW AVIARY RD.
City-St-Zip: ARCADIA, FL 34269

Title: STD (X) Change () Addition
Name: KILBARGER, DIXIE
Address: 8519 SW AVIARY ROAD
City-St-Zip: ARCADIA, FL 34269

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

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: DIXIE J KILBARGER

STD

02/20/2009

Electronic Signature of Signing Officer or Director

Date