


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001590 1. Entity Name HARGETT LANE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3000 HARGETT LANE SAFETY HARBOR, FL 34695	Mailing Address 3000 HARGETT LANE SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE

03152004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3454518	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 CRONIN, JOHN H JR. 3011 HARGETT LANE SAFETY HARBOR, FL 34695	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTTON, LARRY JOE 3000 HARGETT LANE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARTAGLIA, SUSAN 2547 SPLITWOOD WAY CLEARWATER, FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRONIN, JOHN H JR. 3011 HARGETT LANE SAFETY LANE, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/18/04-80021-014 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: _____ *John H Cronin Jr* _____ **3/15/04** **227 796 8110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #