


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90062 010 ****61.25

DOCUMENT # N97000005463 1. Entity Name HART LAKE HILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 400 EAGLE LAKE LOOP RD WINTER HAVEN, FL 33880 US			Mailing Address P.O. BOX 3096 WINTER HAVEN, FL 33885 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3518 Suite, Apt. #, etc.			
City & State 		City & State Winter Haven FL		4. FEI Number 59-3539710	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUOT, PAUL 604 HART LAKE DR. WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent 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, 2007		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 D NAME GIBSON, ANNE STREET ADDRESS 330 W. CHURCH STREET CITY-ST-ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME PITTS, JANET STREET ADDRESS 832 HART LAKE DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE S NAME Pitts, Janet STREET ADDRESS 604 Hart Lake Dr. CITY-ST-ZIP Winter Haven FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME ESPINOSA, ENOCH STREET ADDRESS 649 HART LAKE DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE DP NAME Espinosa, Enoch STREET ADDRESS 649 Hart Lake Dr. CITY-ST-ZIP Winter Haven FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FISHER, WARREN STREET ADDRESS 650 HART LAKE DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUOT, PAUL STREET ADDRESS 604 HART LAKE DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MANSELLA, FRANK STREET ADDRESS 653 HART LAKE DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE DT NAME ManSELLa, Frank STREET ADDRESS 653 Hart Lake Dr. CITY-ST-ZIP Winter Haven FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Janet T. Pitts</i>			4/19/07 863-519-2813		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					