

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90077 039 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 3518
WINTER HAVEN, FL 33885 US**

40042536



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3539710

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUOT, PAUL
604 HART LAKE DR.
WINTER HAVEN, FL 33884**

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

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 **S** ☐ Delete
NAME **PITTS, JANET**
STREET ADDRESS **674 HART LAKE DR.**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **Director** ☒ Change ☐ Addition
NAME **Pitts, Janet**
STREET ADDRESS **674 Hart Lake Dr.**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE **DP** ☐ Delete
NAME **ESPINOSA, ENOCH**
STREET ADDRESS **649 HART LAKE DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **President** ☒ Change ☐ Addition
NAME **Espinosa, Enoch**
STREET ADDRESS **649 Hart Lake Dr.**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **VP** ☒ Delete
NAME **FISHER, WARREN**
STREET ADDRESS **650 HART LAKE DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **VP** ☐ Change ☒ Addition
NAME **Akin, Chad**
STREET ADDRESS **644 Hart Lake Dr.**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☐ Delete
NAME **HUOT, PAUL**
STREET ADDRESS **604 HART LAKE DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **DT** ☒ Change ☐ Addition
NAME **Huot Paul**
STREET ADDRESS **604 Hart Lake Dr**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **DT** ☒ Delete
NAME **MANSELLA, FRANK**
STREET ADDRESS **653 HART LAKE DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Huot, Jeannine**
STREET ADDRESS **604 Hart Lake Dr.**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Gibson, Scott**
STREET ADDRESS **669 Hart Lake Dr.**
CITY-ST-ZIP **Winter Haven, FL 33884**

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:

Janet T. Pitts, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 863-519-2813
Date Daytime Phone #