

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001022

Entity Name: THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8519 SW AVIARY ROAD
ARCADIA, FL 34269**Current Mailing Address:**8519 SW AVIARY ROAD
ARCADIA, FL 34269**FEI Number:** 65-0770162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILBARGER, JAMES R
8519 SW AVIARY ROAD
ARCADIA, FL 34269 US*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**Officer/Director Detail :**

Title	PD
Name	KILBARGER, JAMES R
Address	8519 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269

Title	BOD
Name	ALLEN, JEAN
Address	8029 SW AVIARY RD.
City-State-Zip:	ARCADIA FL 34269

Title	BOD
Name	HALL, ELIZABETH
Address	8200 SW AVIARY RD.
City-State-Zip:	ARCADIA FL 34269

Title	STD
Name	KILBARGER, DIXIE
Address	8519 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269

Title	VPD
Name	ALLEN, WILLIAM
Address	8029 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269

Title	D
Name	FOSTER, CHARLES
Address	8124 SW AVIARY RD
City-State-Zip:	ARCADIA FL 34269

Title	D
Name	HILLS, PATRICIA
Address	8307 SW AVIARY RD
City-State-Zip:	ARCADIA FL 34269

Title	D
Name	PAGE, GORDON
Address	8354 SW AVIARY RD
City-State-Zip:	ARCADIA FL 34269

I hereby 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 all other like empowered.

SIGNATURE: DIXIE KILBARGER

STD

04/14/2015

Electronic Signature of Signing Officer/Director Detail_____
Date