

2016 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	Title	BOD
Name	KILBARGER, JAMES R	Name	HALL, ELIZABETH
Address	8519 SW AVIARY ROAD	Address	8200 SW AVIARY RD.
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	TREASURER, BOD	Title	BOD
Name	KILBARGER, DIXIE	Name	FOSTER, CHARLES
Address	8519 SW AVIARY ROAD	Address	8124 SW AVIARY RD
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	SECRETARY, BOD	Title	BOD, CHAIRMAN
Name	HILLS, PATRICIA	Name	PAGE, GORDON
Address	8519 SW AVIARY ROAD	Address	8354 SW AVIARY RD
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	VPD, BOD	Title	BOD
Name	PAGE, JANET	Name	LOWE, WANDA
Address	8519 SW AVIARY ROAD	Address	8009 SW AVIARY RD.
City-State-Zip:	ARCADIA FL 34269	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**TREASURER****04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date