

2017 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 TREASURER, BOD
Name KILBARGER, DIXIE
Address 8519 SW AVIARY ROAD
City-State-Zip: ARCADIA FL 34269

Title SECRETARY, BOD
Name HILLS, PATRICIA
Address 8519 SW AVIARY ROAD
City-State-Zip: ARCADIA FL 34269

Title VPD, BOD
Name PAGE, JANET
Address 8519 SW AVIARY ROAD
City-State-Zip: ARCADIA FL 34269

Title BOD
Name FRYMYER, RICK
Address 8553 SW AVIARY RD.
City-State-Zip: ARCADIA FL 34269

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

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

Title BOD
Name LOWE, WANDA
Address 8009 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**TREASURER****04/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date