

**2018 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, BOD  
Name KILBARGER, JAMES R  
Address 8519 SW AVIARY ROAD  
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

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

Title SECRETARY, BOD  
Name HILLS, PATRICIA  
Address 8307 SW AVIARY ROAD  
City-State-Zip: ARCADIA FL 34269

Title VPD  
Name PAGE, JANET  
Address 8354 SW AVIARY ROAD  
City-State-Zip: ARCADIA FL 34269

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

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*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****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOD
Name	HAYMAN, HARRY
Address	11406 SW PANTHER VIEW TERR.
City-State-Zip:	ARCADIA FL 34269