2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000001022

Entity Name: THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 SW AVIARY RD
ARCADIA, FL 34269

Current Mailing Address:

PO BOX 337
FORT OGDEN, FL 34267 US

FEI Number: 65-0770162

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HABITAT PROPERTY OWNER'S ASSOCIATION
8009 SW AVIARY RD
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: WANDA LOWE   06/18/2019

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	BOD, PRESIDENT	Title	BOD, TREASURER
Name	HAYMAN, HARRY	Name	LOWE, WANDA
Address	11406 SW PANTHER VIEW TERR.	Address	8009 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	BOD	Title	BOD, SECRETARY
Name	FOSTER, CHARLES	Name	HILLS, PATRICIA
Address	8124 SW AVIARY RD	Address	8307 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	BOD, CHAIRMAN	Title	VP
Name	PAGE, GORDON	Name	PAGE, JANET
Address	8354 SW AVIARY RD	Address	8354 SW AVIARY ROAD
City-State-Zip:	ARCADIA FL 34269	City-State-Zip:	ARCADIA FL 34269
Title	BOD	Title	BOD
Name	COOVERT, JACK	Name	RICHEY, BOB
Address	8269 SW AVIARY RD.	Address	8553 SW AVIARY ROAD
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: GORDON A PAGE   CHAIRMAN   06/18/2019

Electronic Signature of Signing Officer/Director Detail   Date