

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001022

**Entity Name:** THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8307 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:** No**Name and Address of Current Registered Agent:**HABITAT PROPERTY OWNER'S ASSOCIATION  
8307 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

02/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOD, PRESIDENT, CHAIRMAN  
Name PAGE, GORDON  
Address P.O.BOX135  
City-State-Zip: FORT OGDEN FL 34267

Title BOD, TREASURER  
Name LOWE, WANDA  
Address 8009 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 SECRETARY  
Name HILLS, PATRICIA  
Address 8307 SW AVIARY ROAD  
City-State-Zip: ARCADIA FL 34269

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

Title BOD  
Name COOVERT, JACK  
Address 8269 SW AVIARY RD.  
City-State-Zip: ARCADIA FL 34269

Title BOD  
Name RICHEY, BOB  
Address 8553 SW AVIARY ROAD  
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:** PATRICIA HILLS**SECRETARY**

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date