

2021 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

02/21/2021

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 P.O. BOX 317
City-State-Zip: FORT OGDEN FL 34267

Title BOD, VP
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
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 CASS, RON
Address 11398 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**

02/21/2021

Electronic Signature of Signing Officer/Director Detail

Date