8501 SW AVIA ARCADIA, FL				032100
Current Ma	iling Address:			
PO BOX 33 FORT OGD	7 EN, FL 34267 US			
FEI Number: 65-0770162			Certificate of Status De	sired: No
Name and Address of Current Registered Agent:				
HABITAT PRO 8501 SW AVIA	PERTY OWNER'S ASSOCIATION RY RD			
ARCADIA, FL	34269 US			
ARCADIA, FL	34269 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	Florida.
ARCADIA, FL		stered office or regis	tered agent, or both, in the State of F	^{-lorida.} 03/11/2024
ARCADIA, FL	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
ARCADIA, FL The above name SIGNATUR	ed entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	03/11/2024
ARCADIA, FL The above name SIGNATUR	ed entity submits this statement for the purpose of changing its regis E: WANDA LOWE Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/11/2024
ARCADIA, FL The above name SIGNATURI Officer/Dire	ed entity submits this statement for the purpose of changing its register: E: WANDA LOWE Electronic Signature of Registered Agent ector Detail :			03/11/2024
ARCADIA, FL The above name SIGNATUR Officer/Dire Title	ed entity submits this statement for the purpose of changing its registers E: WANDA LOWE Electronic Signature of Registered Agent Elector Detail : BOD, PRESIDENT, CHAIRMAN	Title	BOD, TREASURER	03/11/2024
ARCADIA, FL The above name SIGNATUR Officer/Dire Title Name	ed entity submits this statement for the purpose of changing its registers E: WANDA LOWE Electronic Signature of Registered Agent Elector Detail : BOD, PRESIDENT, CHAIRMAN COOVERT, JACK 8269 SW AVIARY ROAD	Title Name	BOD, TREASURER LOWE, WANDA P.O. BOX 317	03/11/2024

Name

Address

City-State-Zip:

SERVAIS, JANICE

8501 SW AVIARY ROAD 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: JANICE SERVAIS

SECRETARY

03/11/2024 Date

Electronic Signature of Signing Officer/Director Detail

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

GOUMAS, CHRIS

8029 SW AVIARY RD

ARCADIA FL 34269

Name Address

City-State-Zip:

FILED Mar 11, 2024 **Secretary of State** 3143886921CC