

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90147 018 *****61.25

DOCUMENT # N97000001022

1. Entity Name

THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 240 7885 SW Sunny Oak Rd
FORT OGDEN FL 34267 ARCADIA, FL 34269

2. Principal Place of Business

3. Mailing Address

7885 SW Sunny Oak Rd
Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip **34269**

Country **USA**

City & State

ARCADIA, FL 34269

Zip

34269

Country **USA**

4. FEI Number **65-0770162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, DAVID T
7885 SUNNY OAK DRIVE
ARCADIA FL 34269

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code **34269**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☐ Delete
NAME **RILEY, DAVID T**
STREET ADDRESS **POST OFFICE BOX 240 N/A**
CITY-ST-ZIP **FORT OGDEN FL 34267**

TITLE ☐ Change ☐ Addition
NAME **7885 SW Sunny Oak Rd.**
STREET ADDRESS **ARCADIA**
CITY-ST-ZIP **34269**

TITLE **VPD** ☐ Delete
NAME **BAKER, WILLIAM D**
STREET ADDRESS **8135 S.W. SUNNYBREEZE ROAD**
CITY-ST-ZIP **ARCADIA FL 34269**

TITLE ☐ Change ☐ Addition
NAME **34269**

TITLE **D** ☐ Delete
NAME **BAKER, KATHRYN A**
STREET ADDRESS **8135 S.W. SUNNYBREEZE ROAD**
CITY-ST-ZIP **ARCADIA FL 34269**

TITLE ☐ Change ☐ Addition
NAME **34269**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/03 863-894-7092

CR2E037 (10/02)