

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 016 ****61.25

| | | | |
|--|--|--|---|
| DOCUMENT # N97000001022 1. Entity Name THE HABITAT PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 7885 SW SUNNTR OAK RD. ARCADIA, FL 34269. | | Mailing Address 7885 SW SUNNTR OAK RD. ARCADIA, FL 34269. | |
| 2. Principal Place of Business 7885 SW Sunny Oak Rd. Suite, Apt. #, etc. ARCADIA, FL City & State ARCADIA, FL Zip 34269 Country USA | | 3. Mailing Address 7885 SW Sunny Oak Rd. Suite, Apt. #, etc. ARCADIA City & State ARCADIA, FL Zip 34269 Country USA | |
| 4. FEI Number 65-0770162 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RILEY, DAVID T 7885 SUNNY OAK DRIVE ARCADIA, FL 34266 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD RILEY, DAVID T 7885 SW SUNNY OAK RD. ARCADIA, FL 34269 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BAKER, WILLIAM D 8135 S.W. SUNNYBREEZE ROAD ARCADIA, FL 34269 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, KATHRYN A 8135 S.W. SUNNYBREEZE ROAD ARCADIA, FL 34269 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 an other like empowered. | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 7/17/04 Daytime Phone #: 863-884-9915 | |