
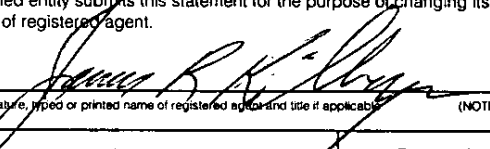
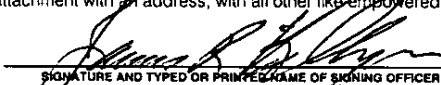


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 020 ****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 8519 SW AVIARY RD. Suite, Apt. #, etc.		3. Mailing Address 8519 SW AVIARY RD. Suite, Apt. #, etc.	
City & State ARCADIA, FLORIDA Zip 34269		City & State ARCADIA, FLORIDA Zip 34269	
Country USA		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 JAMES R. KILBARGER Street Address (P.O. Box Number is Not Acceptable) 8519 SW AVIARY RD. City ARCADIA 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 5-10-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAKER, WILLIAM D 8135 S.W. SUNNYBREEZE ROAD ARCADIA, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, KATHRYN A 8135 S.W. SUNNYBREEZE ROAD ARCADIA, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5-10-2005 (863) 494-4171 <small>Date Daytime Phone #</small>	
JAMES R. KILBARGER			