


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 043 ****61.25

DOCUMENT # 747350	
1. Entity Name HERITAGE SQUARE ASSOCIATION, INC.	

Principal Place of Business 17000 SW 94 AVE MIAMI, FL 33157 US	Mailing Address P.O. BOX 571140 MIAMI, FL 33257-1140
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent	
DAVID A KOBRIN P.A. 8900 SOUTHWEST 107 AVE SUITE 206 MIAMI, FL 33176-1451	

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, YVONNE <input checked="" type="checkbox"/> Delete 17160 SW 94 AVE, UNIT 604 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, BEVERLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17170 S.W. 94 Avenue, Unit 804 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARGUELLO, AURORA <input type="checkbox"/> Delete 9400 SW 170 ST, UNIT 102 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP+Treasurer ARGUELLO, AURORA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 S.W. 170 STREET, Unit 102 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS, BEVERLY <input type="checkbox"/> Delete 1770 SW 94 AVE #804 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEHR, Bonnie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17180 S.W. 94 Avenue, Unit 701 MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: B. Ross BEVERLY ROSS 04/29/2006 305-235-0813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #