


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90108 041 \*\*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE 59-2079594				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVID A KOBRIN P.A. 8900 SOUTHWEST 107 AVE SUITE 206 MIAMI, FL 33176-1451			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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		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	P ROSS, BEVERLY <input type="checkbox"/> Delete 17170 SW 94TH AVE UNIT 804 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ARGUELLO, AURORA <input checked="" type="checkbox"/> Delete 9400 SW 170 ST, UNIT 102 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP: LEHR, BONNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bonnie Lehr 82 9400 S.W. 170 Street, Unit MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEHR, BONNIE <input checked="" type="checkbox"/> Delete 17180 SW 94TH AVE UNIT 701 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CARDENAS EDUARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 S.W. 170 Street, Unit 102 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: <i>B.T. Lehr</i> B.T. LEHR			1-17-07 (305) 251-5026		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		