2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
08-02-2004 90007 016 ****61.25

DOCUMENT # 748002

1. Entity Name
HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 93-4796 MARGATE, FL 33093-4796 US	P O BOX 93-4796 MARGATE, FL 33093-4796 US

05082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2122452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRALEY, STEPHEN J. ATTORNEY AT LAW 3990 SHERIDAN STREET STE 109 HOLLYWOOD, FL 33021	Name: Bakalar, Brough & Chadrow, P.A. Street Address (P.O. Box Number is Not Acceptable): 150 S. Pine Island Rd. Suite 540 City: Plantation, FL **FL** Zip Code: 33324

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: Scott J. Levine, Esq., As Agent DATE: 7/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRYSDALE, JAMES 5570 S.W. 8TH PLACE MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James Cooper 891 SW 55th Terrace Margate, FL 33068 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, MICHELLE 5526 SW 8TH PLACE MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T James Drysdale 5570 SW 8th Place Margate, FL 33068 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PERRY, LAURA 833 SW 56TH AVE MARGATE, F; 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOPER, JAMES 891 SW 55TH TERRACE MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARSHBARGER, DAVID 891 SW 55TH TERRACE MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Laura Perry Laura Perry 7.22.04 9545627801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #