2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DOCUMENT #748002 FILED HERITAGE PINES IMPROVEMENT ASSOCIATION, INC. 05 JUL 27 PM 2: 53 SLÖRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P O BOX 93-4796 P O BOX 93-4796 MARGATE, FL 33093-4796 US MARGATE, FL 33093-4796 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2122452 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent, 7. Name and Address of New Registered Agent BROUGH CHADROAL AND LEVINE P A 2700 30 COMMERCE PKWY Street Address (P.O. Box Number is Not Acceptable) STE 305 -B FORT LAUDERDALE, FL 33331 2700 Gouth Covered Parkers 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing Make check payable to **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE ☐ Change ☐ Addition COOPER, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 891 SW 55TH TERRACE CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP VP ☐ Delete TITLE Change ☐ Addition TITLE REPECKI, PAUL NAME NAME 2000583034 08/05/05--01066--015 995 SW 56TH AVE STREET ADDRESS STREET ADDRESS **81. POMPANO BEACH, FL 33068 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE GENOVA, TONY NAME NAME STREET ADDRESS 881 SW 55 TERR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33068 CITY-ST-ZIP ☐ Change □ Defete TITLE ■ Addition TITLE BLALOCK, CHRISTOPHER NAME NAME STREET ADDRESS 851 SW 56TH AVE STREET ADDRESS POMPANO BEACH, FL 33068 CITY-ST-ZIP CITY-ST-7IP Acct. Secretar Addition ☐ Delete TITLE Change TITLE NAME NAME 560 8th PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 oth like empowered. **SIGNATURE:**