



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90029 042 ****61.25

DOCUMENT # 755973					
1. Entity Name HERITAGE LAKE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655			Mailing Address 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655		
2. Principal Place of Business		3. Mailing Address		 02162004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2055139	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SEBRING, MARJORIE M 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent	
				Name <i>Nancy E. Eder</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>9151 Heritage Lake Blvd</i>	
				City <i>New Port Richey</i>	FL Zip Code <i>34655</i>
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 <i>Nancy E. Eder</i>				DATE <i>2-19-04</i>	
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 May 1, 2004		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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTER, VIRGINIA	NAME			
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDER, NANCY	NAME	<i>Eder, Nancy</i>		
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS	<i>9151 Heritage Lake Blvd</i>		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	<i>New Port Richey, FL 34669</i>		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFFMAN, ROBERT	NAME			
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OVERCASHIER, BUDDY	NAME	<i>Norton, Richard</i>		
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS	<i>9151 Heritage Lake Blvd</i>		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	<i>New Port Richey FL 34669</i>		
TITLE	AD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWER, REBECCA	NAME			
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SEBRING, MARJORIE M	NAME	<i>Fisher, George</i>		
STREET ADDRESS	9151 HERITAGE LAKE BLVD	STREET ADDRESS	<i>9151 Heritage Lake Blvd</i>		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	<i>New Port Richey FL 34669</i>		
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: <i>Nancy E. Eder</i>				DATE: <i>2-19-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	