


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755973 1. Entity Name HERITAGE LAKE COMMUNITY ASSOCIATION, INC.	
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FILED
09 APR 10 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655	Mailing Address 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03172009 Chg-NP CR2E037 (11/08)

City & State	City & State	4. FEI Number 59-2055139	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROCK, ROBERT 9151 HERITAGE LAKE BLVD. NEW PORT RICHEY, FL 34655	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2009**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIETRZAK, MARY <input type="checkbox"/> Delete 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, CAROLINE <input type="checkbox"/> Delete 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete LAFRENIERE, RUTH 9151 HERITAGE LAKE BLVD. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BERNACIAK, LEONARD 9157 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete ROCK, ROBERT 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete FRICKE, LOIS 9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300149463383 04/10/09--01035--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Gauby D 9401 Stonewall Lane New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Norton D 9104 Tiara Ct New Port Richey, FL 34655
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"/> 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: Robert P. Rock ROBERT P. ROCK 2-20-09 727-376 0021

Date Daytime Phone #

204/13