


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90234 030 ****61.25

DOCUMENT # 762895
 1. Entity Name
HERITAGE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1101 RANCH ROAD **1106 FRIENDSHIP DR.**
VERO BEACH FL 32966 **VERO BEACH FL 32966**

2. Principal Place of Business 3. Mailing Address
1101 RANCH ROAD **88 COMMONWEALTH DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH FL **VERO BEACH FL**
 Zip Country Zip Country
32966 **INDIAN RIVER** **32966** **INDIAN RIVER**



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2181689 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLARK, ROBERT C
1936 41TH AVE.
VERO BEACH FL 32966

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RALPH		NAME		
STREET ADDRESS	1009 PEACE ST		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP		
TITLE	X V.P.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, ANN		NAME		
STREET ADDRESS	181 CONGRESS ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, RICHARD		NAME		
STREET ADDRESS	138 HERITAGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM, SHIELD		NAME	JOAN HOLTON	
STREET ADDRESS	362 HERITAGE BLVD		STREET ADDRESS	509 PLYMOUTH ST	
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	X T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOSEPH		NAME		
STREET ADDRESS	94 COMMONWEATH DR.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP		
TITLE	X D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETER, JOSEPH		NAME		
STREET ADDRESS	1106 FRIENDSHIP DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		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 other like empowered.

SIGNATURE: *[Signature]* **TREAS** **4/18/05** **(772) 299-7114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #