## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000001118



FILED Feb 05, 2007 8:00 am

**Secretary of State** 

02-05-2007 90091 034 \*\*\*\*61 25 CLUBHOUSE HERITAGE PROPERTY OWNERS' ASSOCIATION, INC. 60011191 Principal Place of Business Mailing Address 3361 W. VINE STREET 3361 W. VINE STREET SUITE 208 SUITE 208 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 01-0605770 Not Applicable 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 Name FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 208 KISSIMMEE, FL 34741 City Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstat 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ☐ Addition Lytch, William 5225 Microm HALL, KENT NAME NAME **5285 ENGLISH DRIVE** STREET ADDRESS STREET ADDRESS Lakeland FL 33813 LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP JU TITLE SD ☐ Delete TITLE Change ☐ Addition Gravitt, Missy 5302 English Drive GRAVITT, MISSY NAME NAME STREET ADDRESS 5302 ENGLISH DRIVE STREET ADDRESS Lakelane FL CITY-ST-ZIP LAKELAND, FL 33813 33813 CITY-ST-7IP Addition TITLE Delete TIT) F sommer, Douglas <2.52 English &. Change NAME LYTCH, WILLIAM NAME STREET ADDRESS **5225 MIRIAM DRIVE** STREET ADDRESS Lakeland FL 33813 LAKELAND, FL 33813 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

MAN DE OR PRINTED NAME OF BIGNING OFFICER SIGNATURE: 🗷