

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006539

FILED
May 06, 2007
Secretary of State

Entity Name: HERITAGE ISLE DISTRICT ASSOCIATION, INC.

Current Principal Place of Business:

4087 U.S. HIGHWAY 1 SOUTH
SUITE 3
ROCKLEDGE, FL 32955

New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

Current Mailing Address:

1802 N. ALAFAYA TRAIL
SUITE 108
ORLANDO, FL 32826

New Mailing Address:

P.O. BOX 781281
ORLANDO, FL 32878

FEI Number: 20-0633287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SURFACE, FRANK
1802 N. ALAFAYA TRAIL
SUITE 108
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT, INC
1802 N. ALAFAYA TRAIL
SUITE 108
ORLANDO, FL 32826 US

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.

SIGNATURE: FRANK SURFACE

05/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GANGWISCH, EDWARD
Address: 4087 U.S. HIGHWAY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: RAMSEY, LAUREEN
Address: 4087 U.S. HIGHWAY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: ANDERSON, STEWART
Address: 4087 U.S. HIGHWAY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Delete
Name: HERMAN, DANIEL
Address: 4087 U.S. HIGHWAY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BYRNES, LAURA
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change () Addition
Name: RAMSEY, LAUREEN
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: TS (X) Change () Addition
Name: GANGWISCH, ED
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY WILLIAMS

P

05/06/2007

Electronic Signature of Signing Officer or Director

Date