


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90015 002 \*\*\*\*61.25

**DOCUMENT # N03000002110**

1. Entity Name  
**HERITAGE PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4460 LEGENDARY DR., STE. 100  
 DESTIN, FL 32541**

Mailing Address  
**4460 LEGENDARY DR., STE. 100  
 DESTIN, FL 32541**

**94027000**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03052004 Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>56-235 8802</b>                       | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b>               | <b>7. Name and Address of New Registered Agent</b>                                    |
| <b>BLUE, ROB JR.<br/>221 MCKENZIE AVE.<br/>PANAMA CITY, FL 32401</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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)

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                              |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |  |
|----------------------------|------------------------------|--|--|---|--|--|--|
| TITLE                      | PD                           | <input type="checkbox"/> Delete            |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | RIGGS, STEPHEN C III         |  |  | NAME  |  |  |  |
| STREET ADDRESS             | 4460 LEGENDARY DR., STE. 100 |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | DESTIN, FL 32541             |  |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | STD                          | <input type="checkbox"/> Delete            |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | RIGGS, STEPHEN C IV          |  |  | NAME  |  |  |  |
| STREET ADDRESS             | 4460 LEGENDARY DR., STE. 100 |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | DESTIN, FL 32541             |  |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | D                            | <input checked="" type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | RASSMUSSEN, JACK B           |  |  | NAME  |  |  |  |
| STREET ADDRESS             | 4460 LEGENDARY DR., STE. 100 |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | DESTIN, FL 32541             |  |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                              | <input type="checkbox"/> Delete            |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                              |  |  | NAME  |  |  |  |
| STREET ADDRESS             |                              |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                              |  |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                              | <input type="checkbox"/> Delete            |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                              |  |  | NAME  |  |  |  |
| STREET ADDRESS             |                              |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                              |  |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                              | <input type="checkbox"/> Delete            |  | TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                              |  |  | NAME  |  |  |  |
| STREET ADDRESS             |                              |  |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                              |  |  | 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:** Stephen C Riggs 3/5/04 850-837-3141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #