

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002110

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8946 ORLANDO AVENUE  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5516  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 56-2358802

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RDF ASSOCIATES, INC  
29C MIRACLE STRIP PARKWAY SW  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TRE  
Name: GIANGIULIO, TONY  
Address: 2015 HERITAGE PARK WAY  
City-St-Zip: NAVARRE, FL 32566

Title: SEC  
Name: LOSEY, FRANK  
Address: 2029 TAMPA BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: P  
Name: DECOSTE, KATIE  
Address: 9029 ORLANDO AVENUE  
City-St-Zip: NAVARRE, FL 32566

Title: VP  
Name: LERMAN, BEN  
Address: 1989 HERITAGE PARK WAY  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: MACKENZIE, GWEN  
Address: 9023 ORLANDO AVENUE  
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: ANDREA MCDERMOTT

MGR

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date