

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006069

FILED
May 06, 2007
Secretary of State

Entity Name: HERITAGE ISLE RESIDENTIAL VILLAGES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 781281
ORLANDO, FL 32878 US

FEI Number: 20-1349557 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
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 US HWY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: RAMSEY, LAUREN
Address: 4087 US HWY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: ANDERSON, STEWART
Address: 4087 US HWY 1 SOUTH
City-St-Zip: ROCKLEDGE, FL 32955

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: BYRNES, LAURA
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: LAURA BYRNES

P

05/06/2007

Electronic Signature of Signing Officer or Director

Date