

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33936

FILED  
May 14, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5660 AMERICAN CIR.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5660 AMERICAN CIR.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 59-3036831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STINGO, PHYLLIS  
5589 AMERICAN CIRCLE  
DELRAY BEACH, FL 33484 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: P  
Name: DONOGHUE, LEO  
Address: 5641 AMERICAN CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V  
Name: BENNARDO, DEANN  
Address: 5633 AMERICAN CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T  
Name: STINGO, PHYLLIS  
Address: 5589 AMERICAN CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: S  
Name: LUCAS, PATRICIA  
Address: 5593 AMERICAN CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: ARENA, MARY  
Address: 5577  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: HYLTON, ROSEMARIE  
Address: 5537 AMERICAN CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

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: PHYLLIS STINGO

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05/14/2012

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

\_\_\_\_\_  
Date