

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 14, 2003 8:00 am  
Secretary of State

02-14-2003 90183 038 \*\*\*\*61.25

DOCUMENT # **N33936**

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



Principal Place of Business  
**5660 AMERICAN CIR.  
DELRAY BEACH FL 33484**

Mailing Address  
**5660 AMERICAN CIR.  
DELRAY BEACH FL 33484**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3036831**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEREDOSKI, DOUG  
5661 AMERICAN CIRCLE  
DELRAY BEACH FL 33484**

Name **LEO DONOGHUE**  
Street Address (P.O. Box Number is Not Acceptable)  
**5641 AMERICAN CIR  
DELRAY BCH FL 33484**  
City **FL** 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

**LEO DONOGHUE**

DATE **2-9-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SWEREDOSKI, DOUG</b>	
STREET ADDRESS	<b>5661 AMERICAN CIR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DONOGHUE, LEO</b>	
STREET ADDRESS	<b>5641 AMERICAN CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STINGO, PHYLLIS</b>	
STREET ADDRESS	<b>5589 AMERICAN CIR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANLEY, STEVE</b>	
STREET ADDRESS	<b>5637 AMERICAN CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCULLI, FELIX</b>	
STREET ADDRESS	<b>5640 AMERICAN CIR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>AMITH, CAROLYN</b>	
STREET ADDRESS	<b>5572 AMERICAN CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUG SWEREDOSKI</b>	
STREET ADDRESS	<b>5661 AMERICAN CIR</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, CAROLYN</b>	
STREET ADDRESS	<b>5572 AMERICAN CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	

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:

**PHYLLIS STINGO**

Date

Daytime Phone #

**2-9-03 561 637-7655**

CR2E037 (10/02)