

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2006  
Secretary of State**

DOCUMENT# N97000000133

Entity Name: HERITAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3492608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVIS, MARC  
882 JACKSON  
WINTER PARK, FL 32789      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: PD      (X) Delete  
Name: MCGLONE, TIM  
Address: 313 HERITAGE ESTATES LANE  
City-St-Zip: DELAND, FL 32720

Title: SD      ( ) Delete  
Name: BASILE, TONIA  
Address: 348 HERITAGE ESTATES LN  
City-St-Zip: DELAND, FL 32720

Title: D      ( ) Delete  
Name: DRAGONETTE, BOB  
Address: 346 HERITAGE ESTATES LANE  
City-St-Zip: DELAND, FL 32720

Title: TD      ( ) Delete  
Name: BLIGN, TRACY  
Address: 350 HERITAGE ESTATES LN  
City-St-Zip: DELAND, FL 32720

Title: VP      (X) Delete  
Name: GAGNIER, CHARLENE  
Address: 332 HERITAGE ESTATES LN  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: BLINN, TRACY  
Address: 350 HERITAGE ESTATES LN  
City-St-Zip: DELAND, FL 32720

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TONIA BASILE

SD

03/16/2006

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

\_\_\_\_\_  
Date