

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
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: P () Delete
Name: SARAH, KELLY
Address: 318 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: BLINN, TRACY
Address: 350 HERITAGE ESTATES LN
City-St-Zip: DELAND, FL 32720

Title: S (X) Delete
Name: JEAN, GRIFFIN
Address: 311 HERITAGE ESTATES LANE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DRAGONETTE, BOB
Address: 346 HERITAGE ESTATES LANE
City-St-Zip: DELAND, FL 32720

Title: STD (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 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: SARAH KELLY

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date