

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 013 ****61.25

DOCUMENT # N95000002024

1. Entity Name

THE HERITAGE DISTRICT ASSOCIATION, INC.



Principal Place of Business

6939 N. WICKHAM RD
MELBOURNE FL 32990

Mailing Address

6939 N. WICKHAM RD
MELBOURNE FL 32990

00010101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3312992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, FRANCIS N
6939 N. WICKHAM RD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DINNALLY, WILLIAM	
STREET ADDRESS	4814 SOUTH DR	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLES, JAMES	
STREET ADDRESS	1994 BUCKHEAD CT.	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PROKOPOUNCE, JOHN	
STREET ADDRESS	4804 SOLITARY DR	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERTZOG, ERIC	
STREET ADDRESS	1997 BUCKHEAD CT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PHILLIP ORLANDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4811 Solitary Dr.	
STREET ADDRESS	VIERA FL 32955	
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		<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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

34433 3002

Date

Daytime Phone #