

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000747

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
STE 5000  
LONGWOOD, FL 327795001 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434  
STE 5000  
LONGWOOD, FL 327795001 US

**New Mailing Address:**

**FEI Number:** 59-3382798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W. SR 434 STE 5000  
LONGWOOD, FL 327795001 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 ( ) Delete  
Name: HENSLEY, WILLIAM  
Address: 3108 AMTIRTAM CREEK CT.  
City-St-Zip: ORLANDO, FL 32837

Title: VPD ( ) Delete  
Name: MASON, ROBERT  
Address: 12816 GETTYSBURG CIR  
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete  
Name: NORIEGA, NANCY  
Address: 3114 HERITAGE PL  
City-St-Zip: ORLANDO, FL 32837

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM HENSLEY

PD

04/19/2005

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

\_\_\_\_\_  
Date