

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90046 018 \*\*\*\*61.25

<b>DOCUMENT # N04000006069</b>					
<b>1. Entity Name</b> HERITAGE ISLE RESIDENTIAL VILLAGES ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4087 U.S. HIGHWAY 1 SOUTH SUITE 3 ROCKLEDGE, FL 32955 US			<b>Mailing Address</b> 4087 U.S. HIGHWAY 1 SOUTH SUITE 3 ROCKLEDGE, FL 32955 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06012005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 20-1349557				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  HARTER, KATHY 4087 U.S. HIGHWAY 1 SOUTH SUITE 3 ROCKLEDGE, FL 32955			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			V GANGWISCH, EDWARD 4087 US Hwy 1 South ROCKLEDGE, FL 32955		
			P RAMSEY, LAUREEN 4087 US Hwy 1 South ROCKLEDGE, FL 32955		
			T ANDERSEN, STEWART 4087 US Hwy 1 South ROCKLEDGE, FL 32955		
			S HERMAN, DANIEL 4087 US Hwy 1 South ROCKLEDGE, FL 32955		
			D JACKSON, CRYSTAL 4087 US Hwy 1 South ROCKLEDGE, FL 32955		
<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.</b>					
<b>SIGNATURE:</b> <u>Stewart Andersen, T</u> <u>7/14/05</u> <u>321-433-2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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