

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 004 ****61.25

DOCUMENT # N99000003781

1. Entity Name
HERITAGE ISLES GOLF AND COUNTRY CLUB
COMMUNITY ASSOCIATION, INC.



Principal Place of Business
10033 DR. MLK, JR. STREET NORTH
ST. PETERSBURG, FL 33716

Mailing Address
10033 DR. MLK, JR. STREET NORTH
ST. PETERSBURG, FL 33716

2. Principal Place of Business

10630 Plantation Bay Dr.
Suite, Apt. #, etc.

3. Mailing Address

10630 Plantation Bay Dr.
Suite, Apt. #, etc.

City & State
Tampa Florida
Zip
33647
Country
USA

City & State
Tampa FL 33647
Zip
Country
USA

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3611940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Planned Community Management
10630 Plantation Bay Dr. Tampa FL 33647

7. Name and Address of New Registered Agent

Name
Thomas Shaw
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.

Thomas Shaw

(NOTE: Registered Agent signature required when reinstating)

3-6-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 PD ☐ Delete
NAME KOWENHOVEN, WILLIAM
STREET ADDRESS 4902 EISENHOWER BLVD, STE 380
CITY-ST-ZIP TAMPA, FL 33634

TITLE STD ☒ Delete
NAME PODLIN, KEN
STREET ADDRESS 311 PARK PLACE BLVD.
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE VPD ☐ Delete
NAME MARTELLO, WILLIAM
STREET ADDRESS 10033 NINTH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Kowenhoven, William
STREET ADDRESS 600 N West Shore Blvd Suite 400
CITY-ST-ZIP TAMPA Florida, 33609

TITLE STD ☒ Change ☐ Addition
NAME Eicholtz, Dusty
STREET ADDRESS 600 N West Shore Blvd Suite 400
CITY-ST-ZIP TAMPA Florida 33609

TITLE VPD ☒ Change ☐ Addition
NAME MARTELLO, William
STREET ADDRESS 10556 Plantation Bay Drive
CITY-ST-ZIP Tampa, Florida 33647

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

WILLIAM MARTELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 (813) 994-3722

Date

Daytime Phone #