2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2006 8:00 am
Secretary of State
05-05-2006 90173 004 ****61.25

DOCUMENT # N13528

1. Entity Name

HERITAGE OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~THE PROPERTY GROUP~~ ~~11902 RACE TRACK ROAD~~ ~~TAMPA FL 33626~~ US	~~THE PROPERTY GROUP~~ ~~11902 RACE TRACK ROAD~~ ~~TAMPA FL 33626~~ US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
c/o The Association Advisor, Inc.	The Association Advisor, Inc.
Suite, Apt. #, etc.: 1880 Belleair Road	Suite, Apt. #, etc.: 1880 Belleair Rd.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33764 Country: Pinellas	Zip: 33764 Country: Pinellas

4. FEI Number: 59-2897093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~THE PROPERTY GROUP OF CENTRAL FLORIDA, INC~~ ~~11902 RACE TRACK ROAD~~ ~~TAMPA FL 33626~~	Name: The Association Advisor, Inc. Street Address (P.O. Box Number is Not Acceptable): 1880 Belleair Road City: Clearwater, FL Zip Code: 33764

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: X _____ Ken Kmet, _____ 4-26-06
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TANKEL, ROBERT 1022 MAIN STREET STE C DUNEDIN FL 37698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP Tankel, Robert 1022 Main Street, Ste.C Dunedin, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HUTTON, LIND 1022 MAIN ST SUITE A DUNEDIN FL 37698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Hutton, Lind 1022 Main Street, Ste.A Dunedin, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, RALPH 1022 MAIN ST SUITE Q DUNEDIN FL 37698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jordan, Ralph 1022 Main Street, Ste.Q Dunedin, FL 34698	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____ Robert L. Tankel Vice President 4-26-06 727-736-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

66021081

[redacted]

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~~11902 RACE TRACK ROAD~~
~~TAMPA FL 33626~~

7. Name and Address of New Registered Agent

Name: The Association Advisor, Inc.

Street Address (P.O. Box Number Is Not Acceptable): 1880 Belleair Road

City: Clearwater, FL Zip Code: 33764

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: X [signature] Ken Kmet, Pres. 4-26-06

Signature, name of person acting as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: X [signature] Vice Pres Robert L. Tankel, V.President 4-26-06 727-736-7901

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR. Date Daytime Phone #