2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N9600000747

HERITAGE PLACE PROPERTY OWNERS ASSOCIATION,



FILED

Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90184 019 ****61.25

Principal Place of Business 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819 US 2. Principal Place of Business - No P.O. Box #		Mailing Address 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819 US		1200000 010 1200		1 B)(1 18 1)(1 1) 10 (1 1) 10 (1	1101 1 1 1 11 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192007 Ch	g-NP CR2E()37 (12/06)	
City & State		City & State		4. FEI Number 59-3382798	3		plied For t Applicable
Zip Country		Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current		Registered Agent	Agent		7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT DEGESCIONALS			Name	Name			
COMMUNITY MANAGEMENT PROFESS 5401 SOUTH KIRKMAN RD., #450 ORLANDO, FL 32819-5001				dress (P.O. Box Number is N	ot Acceptable)		
			City		FI	Zip Code)
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or r	egistered agent, or both, in t			and accept
	ions of registered agent. Signature, typed or printed name of registered agen		TE: Registereo Agent skynaltiré		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	1	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable to artment of St	
10.	OFFICERS AND D	IRECTORS	11,	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10
TITLE NAME STREET ADDRESS	PD HENSLEY, WILLIAM	☐ Delete	TITLE			A Jige	Addition
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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 any address, with all other like empowered

SIGNATURE: \(\)

EAND EXPENSED NAME OF SIGNING OFFICER OR DIRECTOR

407-812-763

Daylime Phone #