## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90397 033 \*\*\*\*61.25

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HERITAG	E OAKS CONDOMINIUM	ASSOCIATION, INC	C. (		400014				
•		1880 BELLEAIR ROA	THE ASSOCIATION ADVISOR INC.			9 JANGA BUKU KUBU PUK		X 9101X 9101X 0XF	11161 11 16
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	•						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04162008 C	hg-NP	CR2E03	7 (12/06)	
City & Stat	e	City & State		- '	4. FEI Number 59-28970		Applied F Not Applie		
Zip	Country	Zip	Country	:	5. Certificate of S	f Status Desired			
	6. Name and Address of Currer	t Registered Agent			7. Name and Ad	dress of New R	Registered A	\gent	
1880 BELL	DCIATION ADVISOR, INC. LEAIR ROAD ATER, FL 33764		Stree		O. Box Number is	Not Acceptable	e)		
			City				FL	Zip Cod	e
SIGNATURE	Signature, typed or printed name of registered age Filling Fee Is \$61.25	9. Election (	NOTE: Registered Agent sig	·	nen reinstating)  55.00 May Be	i		payable t	
10.	Due by May 1, 2008  OFFICERS AND D		11.	,,	DITIONS/CHANG				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUTTON, LIND 1022 MAIN ST SUITE A DUNEDIN, FL 37698- 3469	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		DITIONS/CHANG	aes 10 OFFICE	ENS AND DI	☐ Change	□ A4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JORDAN, RALPH 1022 MAIN STREET, STE. Q DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	□ A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULTENFUSS, THOMAS 1022 MAIN ST STE R DUNEDIN, FL 34698	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Rober 1022 Duni	t Tanke Main St edin , Fc	1 reet, Str 34698	e.D	☐ Change	A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		, ,			☐ Change	<b>□</b> <sup>∧</sup>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Change	A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Change	□ A

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 informatic 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 f am an officer or direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.