

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002024

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** THE HERITAGE DISTRICT ASSOCIATION, INC.

**Current Principal Place of Business:**

6939 N. WICKHAM RD  
MELBOURNE, FL 32990

**New Principal Place of Business:**

**Current Mailing Address:**

6939 N. WICKHAM RD  
MELBOURNE, FL 32990

**New Mailing Address:**

**FEI Number:** 59-3312992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, FRANCIS N  
6939 N. WICKHAM RD  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GILLES, JAMES G  
Address: 1994 BUCKHEAD CT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: LEWIS JR, PAUL D  
Address: 4803 SOLITARY DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: GURKE, REINHOLD P  
Address: 2000 BUCKHEAD CT  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROSATI, JR, LOUIS M  
Address: 4812 SOLITARY DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change ( ) Addition  
Name: LEWIS, JR, PAUL D  
Address: 4803 SOLITARY DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Change ( ) Addition  
Name: COLON, CARLOS J  
Address: 4818 SOLITARY DR.  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS M. ROSATI, JR.

PD

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date