2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N13528

Entity Name: HERITAGE OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE ASSOCIATION ADVISOR INC.
1880 BELLEAIR ROAD
CLEARWATER, FL 33764 US

New Principal Place of Business:

1022 MAIN STREET
#C
DUNEDIN, FL 34698 US

Current Mailing Address:

C/O THE ASSOCIATION ADVISOR INC.
1880 BELLEAIR ROAD
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2897093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE ASSOCIATION ADVISOR, INC.
1880 BELLEAIR ROAD
CLEARWATER, FL 33764 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: DP ( ) Delete
Name: HUTTON, LIND
Address: 1022 MAIN ST SUITE A
City-St-Zip: DUNEDIN, FL 37698

Title: DST ( ) Delete
Name: JORDAN, RALPH
Address: 1022 MAIN STREET, STE. Q
City-St-Zip: DUNEDIN, FL 34698

Title: V ( ) Delete
Name: TANKEL, ROBERT
Address: 1022 MAIN ST STE D
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: MORRISON, MARYA
Address: 1022 MAIN STREET, STE. H
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENNETH A. KMET AGEN 04/21/2009

Electronic Signature of Signing Officer or Director — Date