

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90207 031 ****61.25

DOCUMENT # N95000002024

1. Entity Name

THE HERITAGE DISTRICT ASSOCIATION, INC.



Principal Place of Business

**6939 N. WICKHAM RD
MELBOURNE FL 32990**

Mailing Address

**6939 N. WICKHAM RD
MELBOURNE FL 32990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3312992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

TITLE **PD**
NAME **BOOTH, JAMES** ☒ Delete
STREET ADDRESS **1985 BUCKHEAD CT** *WILLIAM DONNELLY 4014 SOLITARY*
CITY-ST-ZIP **VIERRA FL 32955**

TITLE **STD**
NAME **BEHARRY, CARL** ☒ Delete
STREET ADDRESS **1998 BUCKHEAD CT**
CITY-ST-ZIP **VIERA FL 32940**

TITLE **VPD**
NAME **GURKE, RONALD** ☒ Delete
STREET ADDRESS **P.O. BOX 560885**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WILLIAM DONNELLY** ☐ Change ☒ Addition
NAME **4014 SOLITARY DR**
STREET ADDRESS
CITY-ST-ZIP **VIERRA FL 32955**

TITLE **JAMAS GILLES** ☐ Change ☒ Addition
NAME **1994 BUCKHEAD CT**
STREET ADDRESS
CITY-ST-ZIP **VIERA FL 32955**

TITLE **JOHN PROKOPOWICZ** ☐ Change ☐ Addition
NAME **4014 SOLITARY DR**
STREET ADDRESS
CITY-ST-ZIP **VIERRA FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE OF REGISTERED AGENT

2/10/07 524-433-300

CR2E037 (10/02)