

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748002

**Entity Name:** HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**881 SW 55 TERRACE  
MARGATE, FL 33093-4796**Current Mailing Address:**P O BOX 93-4796  
MARGATE, FL 33093-4796 US**FEI Number:** 59-2122452**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROUGH CHADROAL AND LEVINE P A  
1900 N COMMERCE PARKWAY  
WESTON, FL 33326 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	COOPER, JAMES
Address	891 SW 55TH TERRACE
City-State-Zip:	MARGATE FL 33068

Title	TREASURER
Name	GENOVA, ANTHONY J
Address	881 SW 55 TERR
City-State-Zip:	MARGATE FL 33068

Title	DIRECTOR
Name	SCHMIDT, DONNA
Address	5524 SW 9 STREET
City-State-Zip:	MARGATE FL 33068

Title	DIRECTOR
Name	DASILVA, ROLAND
Address	5560 SW 8 PLACE
City-State-Zip:	MARGATE FL 33068

Title	PRESIDENT
Name	HAYDU, WILLIAM
Address	5550 SW 10 PLACE
City-State-Zip:	MARGATE FL 33068

Title	SECRETARY
Name	PERRY, LAURA
Address	833 SW 56 AVENUE
City-State-Zip:	MARGATE FL 33068

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANTHONY GENOVA**TREASURER****01/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date