# 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: LOIS A FRICKE

4924 PRINCE GEORGE CIR

City-State-Zip: NEW PORT RICHEY FL 34655

Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755973

## Entity Name: HERITAGE LAKE COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655

## **Current Mailing Address:**

9151 HERITAGE LAKE BLVD NEW PORT RICHEY, FL 34655

## FEI Number: 59-2055139

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

HUETER, APRIL DLCAM 9151 HERITAGE LAKE BLVD. NEW PORT RICHEY, FL 34655 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:

Address

Electronic Signature of Registered Agent

#### Officer/Director Detail :

| Title           | ASST. TREASURER           | Title           | VP                       |
|-----------------|---------------------------|-----------------|--------------------------|
| Name            | ROCK, ROBERT P            | Name            | SMITH, ROBERT            |
| Address         | 9417 STONEWALL LN         | Address         | 4654 SHEFFIELD DRIVE     |
| City-State-Zip: | NEW PORT RICHEY FL 34655  | City-State-Zip: | NEW PORT RICHEY FL 34655 |
| Title           | DIRECTOR                  | Title           | PRESIDENT                |
| Name            | SQUILLANTE, LUIGI         | Name            | FRICKE, LOIS A           |
| Address         | 4736 VICKSBURG CT         | Address         | 4809 SANDPOINTE          |
| City-State-Zip: | NEW PORT RICHEY FL 34655  | City-State-Zip: | NEW PORT RICHEY FL 34655 |
| Title           | TREASURER                 | Title           | SECRETARY                |
| Name            | ANNALORA, CARL J          | Name            | CONLAN, ELIZABETH        |
| Address         | 4817 PORTLAND MANOR DRIVE | Address         | 4704 LA CROSSE CT        |
| City-State-Zip: | NEW PORT RICHEY FL 34655  | City-State-Zip: | NEW PORT RICHEY FL 34655 |
| Title           | ASST. SECRETARY           |                 |                          |
| Name            | ROW, LINDA                |                 |                          |

PRESIDENT

05/02/2013

Date

FILED May 02, 2013 Secretary of State CC8916374684

Certificate of Status Desired: No

Date