

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002110

**Entity Name:** HERITAGE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8946 ORLANDO AVENUE  
NAVARRE, FL 32566

**Current Mailing Address:**

P.O. BOX 5671  
NAVARRE, FL 32566 US

**FEI Number: 56-2358802**

**Certificate of Status Desired: No**

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

ASSOCIATION BUSINESS CONSULTING LLC  
8093 SLEEPY BAY BLVD  
NAVARRE, FL 32566 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: ANDREA MCDERMOTT**

**02/02/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GIANGIULIO, SUSAN  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

Title T  
Name GIANGIULIO, TONY  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

Title D  
Name REINECKE, SCOTT  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

Title VP  
Name HALL, ASHLEY  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

Title SECRETARY  
Name LAKE, KATHY  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR  
Name ROBERTACCIO, BARBARA  
Address P.O. BOX 5671  
City-State-Zip: NAVARRE FL 32566

*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: KATHY LAKE**

**SECRETARY**

**02/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date