2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300002110

Entity Name: HERITAGE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8946 ORLANDO AVENUE NAVARRE, FL 32566

Current Mailing Address:

P.O. BOX 5516 NAVARRE, FL 32566

FEI Number: 56-2358802

Name and Address of Current Registered Agent:

RDF ASSOCIATES, INC 29C MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	P	Title	S
Name	GIANGIULIO, SUSAN	Name	WAGNER, JULIE
Address	2015 HERITAGE PARK WAY	Address	1994 HERTIAGE PARKWAY
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	VP	Title	D
Name	MACKENZIE, GWEN	Name	PEREZ, MONIQUE
Address	9023 ORLANDO AVENUE	Address	9029 ORLANDO AVE
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	D	Title	D
Title Name	D BAILEY, RICH	Title Name	D LOVELACE, LLOYD
	-		
Name	BAILEY, RICH 9000 ORLANDO AVE	Name	LOVELACE, LLOYD 2004 TAMPA BLVD
Name Address City-State-Zip:	BAILEY, RICH 9000 ORLANDO AVE NAVARRE FL 32566	Name Address City-State-Zip:	LOVELACE, LLOYD 2004 TAMPA BLVD NAVARRE FL 32566
Name Address	BAILEY, RICH 9000 ORLANDO AVE	Name Address City-State-Zip: Title	LOVELACE, LLOYD 2004 TAMPA BLVD NAVARRE FL 32566 T
Name Address City-State-Zip:	BAILEY, RICH 9000 ORLANDO AVE NAVARRE FL 32566	Name Address City-State-Zip:	LOVELACE, LLOYD 2004 TAMPA BLVD NAVARRE FL 32566
Name Address City-State-Zip: Title	BAILEY, RICH 9000 ORLANDO AVE NAVARRE FL 32566 MGR	Name Address City-State-Zip: Title	LOVELACE, LLOYD 2004 TAMPA BLVD NAVARRE FL 32566 T
Name Address City-State-Zip: Title Name Address	BAILEY, RICH 9000 ORLANDO AVE NAVARRE FL 32566 MGR MCDERMOTT, ANDREA	Name Address City-State-Zip: Title Name	LOVELACE, LLOYD 2004 TAMPA BLVD NAVARRE FL 32566 T GIANGIULIO, TONY 2015 HERITAGE PARK WAY

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: ANDREA MCDERMOTT

MGR

01/30/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 30, 2014 Secretary of State CC3785523659