

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006069

Entity Name: HERITAGE ISLE RESIDENTIAL VILLAGES ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US**FEI Number: 20-1349557****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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 PRESIDENT
Name GENDRON, JUDITH A
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title VP
Name POST , JOANNE
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title SECRETARY
Name DELLO RUSSO, RONALD L
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title TREASURER
Name WONG, BARBARA
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name BOYD, MICHAEL J.
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name HARMON, WILLIAM C.
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name PITT, FRANK B
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

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: JUDITH GENDRON**PRESIDENT****04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date