

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012792

**Entity Name:** HERITAGE BAY UMBRELLA ASSOCIATION, INC.

**Current Principal Place of Business:**

11691 GATEWAY BLVD #203  
FORT MYERS, FL 33913

**Current Mailing Address:**

11691 GATEWAY BLVD#203  
FORT MYERS, FL 33913 US

**FEI Number: 20-4772540**

**Certificate of Status Desired: No**

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

VISION MANAGEMENT  
11691 GATEWAY BLVD#203  
FORT MYERS, FL 33913 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            SEVERANCE , LAURA  
Address        11691 GATEWAY BLVD  
                  203  
City-State-Zip: FORT MYERS FL 33901

Title            SECRETARY  
Name            ELLISON, LAURA  
Address        11691 GATEWAY BLVD.  
                  203  
City-State-Zip: FORT MYERS FL 33901

Title            VP  
Name            BURNETT, GARY  
Address        11691 GATEWAY BLVD #203  
City-State-Zip: FORT MYERS FL 33913

Title            TREASURER  
Name            STEWART, GRANT  
Address        11691 GATEWAY BLVD #203  
City-State-Zip: FORT MYERS FL 33913

*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: SEVERANCE , LAURA**

**PRESIDENT**

**04/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date