

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33936

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**6604102688CC**

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

**Current Principal Place of Business:**

5660 AMERICAN CIR.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5660 AMERICAN CIR.  
DELRAY BEACH, FL 33484

**FEI Number:** 59-3036831

**Certificate of Status Desired:** No

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

STINGO, PHYLLIS  
5660 AMERICAN CIR.  
DELRAY BEACH, FL 33484 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:** PHYLLIS STINGO

01/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANLEY, STEVEN PRESIDENT  
Address        5660 AMERICAN CIR.  
City-State-Zip: DELRAY BEACH FL 33484

Title            TREASURER  
Name            STINGO, PHYLLIS  
Address        5660 AMERICAN CIR.  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            DAY , VICTORIA  
Address        5660 AMERICAN CIR.  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            LUCAS, PATRICIA  
Address        5660 AMERICAN CIR.  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            FRANKLIN, DAVID  
Address        5660 AMERICAN CIR.  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            SILEO, THOMAS  
Address        5660 AMERICAN CIRCLE  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            HERNANDEZ, ERIN  
Address        5660 AMERICAN CIRCLE  
City-State-Zip: DELRAY BEACH FL 33484

*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:** PHYLLIS STINGO

**TREASURER**

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date