

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33936

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC3319922729**

**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:**

BANYAN PROPERTY MGMT  
3900 WOODLAKE BLVD  
SUITE 309  
LAKE WORTH , FL 33463 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:** MARK QUINN

03/26/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DONOGHUE, JESSE  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title T  
Name STINGO, PHYLLIS  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name LUCAS, LENNY  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name HYLTON, ROSEMARIE  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name SPETRINI, LOUIS  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name DAY , MIKE  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name KLINGER, RICHARD  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name MANLEY , STEVE  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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:** LOUIS SPETRINI

PD

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date