

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000480

Entity Name: HERITAGE PINES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**11524 SCENIC HILLS BOULEVARD
HUDSON, FL 34667**Current Mailing Address:**11524 SCENIC HILLS BOULEVARD
HUDSON, FL 34667 US**FEI Number: 59-3495933****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EADE, CHARLES
11524 SCENIC HILLS BLVD
HUDSON, FL 34667 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: CHARLES EADE****01/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name CUTSHALL, BART
Address 11524 SCENE HILLS BLVD.
City-State-Zip: HUDSON FL 34667

Title TREASURER
Name FERRIS, ROBERT
Address 11524 SCENIC HILLS BLVD
City-State-Zip: HUDSON FL 34667

Title PRESIDENT
Name DOOLITTLE, RANDY
Address 11524 SCENIC HILLS BLVD
City-State-Zip: HUDSON FL 34667

Title VP
Name MOOTY, DONNA
Address 11524 SCENIC HILLS BOULEVARD
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name LANDERS, THOMAS
Address 11524 SCENIC HILLS BOULEVARD
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name KELLEY, JAMES
Address 11524 SCENIC HILLS BOULEVARD
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name JOHNSON, THEODORE
Address 11524 SCENIC HILLS BOULEVARD
City-State-Zip: HUDSON FL 34667

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: RANDY DOOLITTLE**PRESIDENT****01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date