## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003781

Entity Name: HERITAGE ISLES GOLF AND COUNTRY CLUB COMMUNITY

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O CONDOMINIUM ASSOCIATES 2019 OSPREY LANE SUITE B LUTZ, FL 33549

## **Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES 2019 OSPREY LANE SUITE B LUTZ, FL 33549 US

FEI Number: 59-3611940 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LOVE, TIFFANY ADAMS AND REESE, LLP 100 N. TAMPA STREET SUITE4000 TAMPA FL 33602 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: TIFFANY LOVE 03/07/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name RAWLINS, DAWN Name SORENSEN, RONALD

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

2019 OSPREY LANE SUITE B 2019 OSPREY LANE SUITE B

City-State-Zip: LUTZ FL 33549 City-State-Zip: LUTZ FL 33549

TitleSECRETARYTitleDIRECTORNameKIRK, TIMOTHYNameESKRA, DAVID

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

2019 OSPREY LANE SUITE B 2019 OSPREY LANE SUITE B

City-State-Zip: LUTZ FL 33549 City-State-Zip: LUTZ FL 33549

Title VP

Name LANGHAM, RUSSELL M SR.

Address C/O CONDOMINIUM ASSOCIATES

2019 OSPREY LANE SUITE B

City-State-Zip: LUTZ FL 33549

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: RONALD SORENSEN

**PRESIDENT** 

03/07/2024

FILED Mar 07, 2024

Secretary of State

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