

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90172 036 ****66.25

DOCUMENT # 728156

1. Entity Name

HERITAGE CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4300 NW 9TH AVENUE
POMPAÑO BEACH FL 33064

Mailing Address

4300 NW 9TH AVENUE
POMPAÑO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1526033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOI, IL YOUNG
LAW OFFICES OF IL YOUNG CHOI, P.A.
1800 NORTH FEDERAL HWY, STE. 207
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name CHOI, IL YOUNG LAW OFFICES OF IL YOUNG CHOI, P.A.

Street Address (P.O. Box Number is Not Acceptable)

200 W. Cypress Creek Suite 230

City

Fort Lauderdale

FL

Zip Code

33309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BRONDO, ROBERTO | |
| STREET ADDRESS | 4324 NW 9TH AVENUE, #7-2B | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | REIS, DAUTON | |
| STREET ADDRESS | 4354 NW 9 AVE 13-3C | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | EAZOR, ESTER | |
| STREET ADDRESS | 4334 NW 9TH AVENUE #7-2C | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | AMBROSO, MANOLO | |
| STREET ADDRESS | 4324 NW 9 AVE 7-1A | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |
| TITLE | BM | <input type="checkbox"/> Delete |
| NAME | SOLEDAD MIHAILOUSCHI, MARIA | |
| STREET ADDRESS | 4394 NW 9 AVE 20-3B | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |
| TITLE | BM | <input checked="" type="checkbox"/> Delete |
| NAME | PREVETTI, SONIA | |
| STREET ADDRESS | 4324 NW 9 AVE 5-1D | |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33064 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>SD</u> |
| STREET ADDRESS | <u>SOLEDAD MIHAILOUSCHI, Maria</u> |
| CITY-ST-ZIP | <u>4394 NW 9 AVE 20-3B</u> <u>Pompano Beach FL 33064</u> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Brondo - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-06

(954) 941-0502

Date

Daytime Phone #