

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728156

FILED
Apr 29, 2009
Secretary of State

Entity Name: HERITAGE CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4300 NW 9TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4300 NW 9TH AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-1526033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHOI, IL YOUNG ESQ.
1925 BRICKELL AVE STE D-205
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRONDO, ROBERTO
Address: 4324 NW 9TH AVENUE, #7-2B
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD () Delete
Name: DE LANA, GILSON
Address: 4314 NW 9 AVE #3-1 D
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: REIS, DAUTON
Address: 4354 NW 9TH AVENUE #13-3 C
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: SOLEDAD MIHAILOUSCHI, MARIA
Address: 4394 NW 9 AVE 20-3B
City-St-Zip: POMPANO BEACH, FL 33064

Title: BD () Delete
Name: EAZOR, ESTHER
Address: 4334 N W 9 TH AVE # 7- 2 C
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WALLACE, SILVA
Address: 4304 NW 9TH AVENUE #1-2 D
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BD (X) Change () Addition
Name: ORESTE, MALONE
Address: 4334 N W 9 TH AVE # 7- 3 F
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERTO BRONDO

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date