


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 015 \*\*\*\*61.25

<b>DOCUMENT # 729585</b> 1. Entity Name <b>HERITAGE MANOR SOUTH NO. II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33970-0354			Mailing Address P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33970-0354		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLIOTT, FRED 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936			Name <u>John Pope</u> Street Address (P.O. Box Number is Not Acceptable) <u>1149 South Loop Blvd</u> City <u>Lehigh Acres</u> <b>FL</b> Zip Code <u>33936</u>		
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 <u>John D. Pope</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-27-2008</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, FRED SEC 1400 HOMESTEAD RD N LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, RICHARD TREAS 853 PORTER STREET LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPE, JOHN 1149 S. LOOP BLVD LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John D. Pope Pres/Dir</u> <u>3-27-2008</u> <u>239-368-2190</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66005514



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1574146

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, FRED SEC 1400 HOMESTEAD RD N LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, RICHARD TREAS 853 PORTER STREET LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPE, JOHN 1149 S. LOOP BLVD LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Richard Levine 853 Porter St. Lehigh Acres FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director John Pope 1149 S. Loop Blvd Lehigh Acres FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Alan Flint 285 Homestead Rd S. Lehigh Acres FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John D. Pope Pres/Dir 3-27-2008 239-368-2190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/7/2008-90040-015-\$61.25-\$61.25

<b>DOCUMENT # 729585</b> 1. Entity Name <b>HERITAGE MANOR SOUTH NO. II CONDOMINIUM ASSOCIATION, INC.</b>						<b>ATTACHMENT</b>	
Principal Place of Business <b>P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33970-0354</b>				Mailing Address <b>P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33970-0354</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
8. Name and Address of Current Registered Agent  <b>ELLIOTT, FRED 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33936</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
4. FEI Number <b>59-1574146</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>							
1st MOORE CR2E037 (10/07)							
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				DATE <b>2-19-08</b>			
(NOTE: Registered Agent signature required when renouncing)							
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
Make Check Payable to: <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, FRED SEC 1400 HOMESTEAD RD N LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>SIGNATURE:</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

See attached changes