# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# 729585

**Entity Name:** HERITAGE MANOR SOUTH NO. II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 354
1400 HOMESTEAD ROAD NORTH
LEHIGH ACRES, FL 339700354

**New Principal Place of Business:**

1149 SOUTH LOOP BLVD
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

P.O. BOX 354
1400 HOMESTEAD ROAD NORTH
LEHIGH ACRES, FL 339700354

**New Mailing Address:**

P.O. BOX 354
LEHIGH ACRES, FL 339700354

**FEI Number: 59-1574146** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POPE, JOHN
1149 SOUTH LOOP BLVD
LEHIGH ACRES, FL 33936 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: S/D ( ) Delete
Name: LEVINE, RICHARD
Address: 853 PORTER ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P/D ( ) Delete
Name: POPE, JOHN
Address: 1149 S. LOOP BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T/D ( ) Delete
Name: FLINT, ALAN
Address: 285 HOMESTEAD RD. S.
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JOHN POPE MR 04/16/2009
Electronic Signature of Signing Officer or Director — Date