

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

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 034 ****70.00

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1. Entity Name

HERITAGE MANOR SOUTH NO. 1 CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

1103 S. LOOP BLVD.
LEHIGH ACRES FL 33936

Mailing Address

PO BOX 603
LEHIGH ACRES FL 33936
US

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

4. FEI Number

59-1574145

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERO, JAMES
1109 SOUTH LOOP
LEHIGH ACRES FL 33936

Name

LINDA SANDERSON

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

1103 SOUTH LOOP BLVD

City

LEHIGH ACRES

FL

Zip Code

33936

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

Linda Sanderson

LINDA SANDERSON PRES/TREAS

4-26-08

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, 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 SD ☐ Delete
NAME OLIVERIO, ROSE
STREET ADDRESS 1416 ARCHER STREET
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VPTD PD ☐ Delete
NAME SANDERSON, LINDA
STREET ADDRESS 1103 SOUTH LOOP
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE PD ☒ Delete
NAME CALDERO, JAMES
STREET ADDRESS 1109 SOUTH LOOP
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE SD VP ☐ Delete
NAME VALETIN, MARIBEL
STREET ADDRESS 1121 SOUTH HOOP
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda Sanderson

LINDA SANDERSON

4-26-08

368-3025