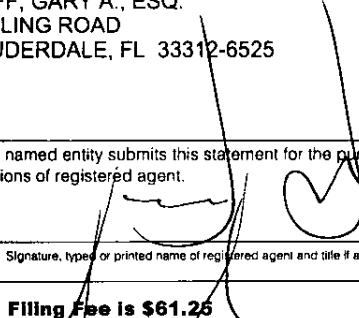
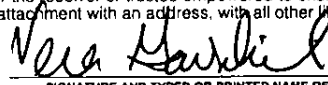


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90095 007 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 735246</b><br>1. Entity Name<br>HERITAGE LANDINGS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                     |                                                                            |                                                                                                                                         |                                                                                                                                                                     |
| Principal Place of Business<br>11784 W. SAMPLE RD<br>103<br>CORAL SPRINGS, FL 33073 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                                                     | Mailing Address<br>11784 W. SAMPLE RD<br>103<br>CORAL SPRINGS, FL 33073 US |                                                                                                                                                                                                                          |                                                                                                                                                                     |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                            | 01242007 Chg-NP CR2E037 (12/06)                                                                                                                                                                                          |                                                                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | City & State                                                                        |                                                                            | 4. FEI Number<br>NOT APPLICABLE                                                                                                                                                                                          |                                                                                                                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Country                                                                             |                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                 |                                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><br>POLIAKOFF, GARY A., ESQ.<br>3111 STIRLING ROAD<br>FORT LAUDERDALE, FL 33312-6525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name Robbins, Russell M., Esq.<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>9690 West Sample Road, Suite 103<br>City Coral Springs FL Zip Code 33065-4046 |                                                                                                                                                                     |
| 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 <br><small>Signature, types or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | Russell M. Robbins, Esq. Registered Agent                                           |                                                                            | January 25, 2007<br><small>DATE</small>                                                                                                                                                                                  |                                                                                                                                                                     |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | \$5.00 May Be Added to Fees                                                                                                                                                                                              |                                                                                                                                                                     |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |                                                                                                                                                                                                                          |                                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>GAVRILOVICH, VERA<br>3121 NE 51ST ST. #401<br>FORT LAUDERDALE, FL 33308          | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>MARKS, DAVID<br>3111 NE 51ST ST. #202<br>FT. LAUDERDALE, FL 33308                | <input checked="" type="checkbox"/> Delete                                          |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | Treasurer<br>Tim Haines<br>3121 NE 51st # 405<br>Ft. Lauderdale FL 33308<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>HARDING, BEN<br>3111 NE 51 ST #206<br>FT. LAUDERDALE, FL 33308                  | <input checked="" type="checkbox"/> Delete                                          |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | Secretary<br>Margaret Batach<br>3121 NE 51st # 403<br>Ft. Lauderdale FL 33308<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>JAHEDI, P.J<br>5050 BAYVIEW DR #16<br>FT. LAUDERDALE, FL 33308                   | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | VP<br>Jahedi, P.J<br>5050 Bayview Dr #16<br>Ft. Lauderdale FL 33308<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>COUGHLIN, DOTTIE<br>3111 NORTHEAST 51ST STREET #304C<br>FT. LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete                                                     |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | Director<br>Coughlin Dottie<br>3111 NE 51st Street #304C<br>Ft. Lauderdale FL 33308<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 I am empowered. |                                                                                        |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                                                                                                                     |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                                     | January 25, 2007 (954) 510-1000<br><small>Date Daytime Phone #</small>     |                                                                                                                                                                                                                          |                                                                                                                                                                     |

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