

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 737561

1. Entity Name
HERITAGE HILLS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**7307 MASTERSON COURT
TALLAHASSEE, FL 32311**

Mailing Address
**7307 MASTERSON COURT
TALLAHASSEE, FL 32311**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2944686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FROST, BETH A
7307 MASTERSON COURT
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000001418456
02/14/06-80008-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MCNULTY, WILLIAM B
STREET ADDRESS	2701 MASTERSON LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	VD
NAME	HOOD, MICHAEL
STREET ADDRESS	2701 MASTERSON CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	TD
NAME	RICHARDSON, JOSEPH P
STREET ADDRESS	2717 MASTERSON LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	FROST, BART
STREET ADDRESS	7307 MASTERSON CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	BUNDAGE, KENNETH
STREET ADDRESS	7428 HICKOCK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	S
NAME	FROST, BETH
STREET ADDRESS	7307 MASTERSON CT
CITY-ST-ZIP	TALLAHASSEE, FL 32311

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IN THIS SPACE**

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:

William B. McNulty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. McNulty

1/31/06
Date

850 413-6443
Daytime Phone #