


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 028 ****61.25

DOCUMENT # 737929 1. Entity Name HERITAGE HOUSE CONDOMINIUMS II, INC.	
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Principal Place of Business 1001 PLANTATION DRIVE KISSIMMEE, FL 34741-3856	Mailing Address 1001 PLANTATION DRIVE KISSIMMEE, FL 34741-3856
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1892137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADKINS, EDWIN
 1001 PLANTATION DRIVE
 KISSIMMEE, FL 34741

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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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	NAME	OATMAN, BILL	STREET ADDRESS	1001 PLANTATION DR A11	CITY-ST-ZIP	KISSIMMEE, FL
					1001 Plantation		103-Kissimmee
TITLE	D	NAME	FAIPLER, ALFRED	STREET ADDRESS	1001 PLANTATION DR A2	CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D	NAME	WASIELEWSKI, RAY	STREET ADDRESS	1001 PLANTATION DR A8	CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	P	NAME	ADKINS, EDWIN	STREET ADDRESS	1001 PLANTATION DR F 5	CITY-ST-ZIP	KISSIMMEE, FL
TITLE	VP	NAME	BRZEZICKI, BOB	STREET ADDRESS	1001 PLANTATION DR E5	CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	T	NAME	BRADY, JIM	STREET ADDRESS	1001 PLANTATION DR A6	CITY-ST-ZIP	KISSIMMEE, FL

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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: Edwin Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-2007 407-846-2306
Date Daytime Phone #