2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 737929

Entity Name: HERITAGE HOUSE CONDOMINIUMS II, INC.

Current Principal Place of Business:

1001 PLANTATION DRIVE
KISSIMMEE, FL 347413856

New Principal Place of Business:

Current Mailing Address:

1001 PLANTATION DRIVE
KISSIMMEE, FL 347413856

New Mailing Address:

FEI Number: 59-1892137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, EDWIN
1001 PLANTATION DRIVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ADKINS, EDWIN L PRESDEN
1001 PLANTATION DRIVE
A-12
KISSIMMEE, FL 347413509 US

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: EDWIN L ADKINS 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: RAY, EVELYN
Address: 1001 PLANTATION DR, E5
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: FAIPLER, ALFRED
Address: 1001 PLANTATION DR A2
City-St-Zip: KISSIMMEE, FL 34741

Title: P ( ) Delete
Name: ADKINS, EDWIN
Address: 1001 PLANTATION DR A12
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete
Name: BRZEZICKI, BOB
Address: 1001 PLANTATION DR E5
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete
Name: BRADY, JIM
Address: 1001 PLANTATION DR A6
City-St-Zip: KISSIMMEE, FL

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:

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: EDWIN L. ADKINS PRES 03/26/2009
Electronic Signature of Signing Officer or Director Date