

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 748002

1. Entity Name
HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**P O BOX 93-4796
MARGATE, FL 33093-4796 US**

Mailing Address
**P O BOX 93-4796
MARGATE, FL 33093-4796 US**



01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2122452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROUGH CHADROAL AND LEVINE P A
2700 SOUTH COMMERCE PKWY
STE 305 -B
FORT LAUDERDALE, FL 33331**

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOPER, JAMES
STREET ADDRESS	891 SW 55TH TERRACE
CITY-STATE-ZIP	MARGATE, FL 33068
TITLE	VP
NAME	REPECKI, PAUL
STREET ADDRESS	995 SW 56TH AVE
CITY-STATE-ZIP	POMPANO BEACH, FL 33068
TITLE	T
NAME	GENOVA, TONY
STREET ADDRESS	881 SW 55 TERR
CITY-STATE-ZIP	POMPANO BEACH, FL 33068
TITLE	S
NAME	BLALOCK, CHRISTOPHER
STREET ADDRESS	851 SW 56TH AVE
CITY-STATE-ZIP	POMPANO BEACH, FL 33068
TITLE	AS
NAME	TURCOTTE, NANCY
STREET ADDRESS	5526 SW 8TH PL
CITY-STATE-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/23/06-80013-003 70.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 954-979-3331

Date

Daytime Phone #