

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748002

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

881 SW 55 TERRACE  
MARGATE, FL 330934796 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 93-4796  
MARGATE, FL 330934796 US

**New Mailing Address:**

**FEI Number:** 59-2122452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH CHADROAL AND LEVINE P A  
1900 N COMMERCE PARKWAY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COOPER, JAMES  
Address: 891 SW 55TH TERRACE  
City-St-Zip: MARGATE, FL 33068

Title: T  
Name: GENOVA, ANTHONY J  
Address: 881 SW 55 TERR  
City-St-Zip: MARGATE, FL 33068

Title: S  
Name: SCHMIDT, DONNA  
Address: 5524 SW 9 STREET  
City-St-Zip: MARGATE, FL 33068

Title: D  
Name: DASILVA, ROLAND  
Address: 5560 SW 8 PLACE  
City-St-Zip: MARGATE, FL 33068

Title: VP  
Name: HAYDU, WILLIAM  
Address: 5550 SW 10 PLACE  
City-St-Zip: MARGATE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY J GENOVA

T

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date