


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-28-2004 90272 049 ****61.25

DOCUMENT # 749348					
1. Entity Name HERITAGE RIDGE SOUTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8201 S E CONSTITUTION BLVD. HOBE SOUND FL 33455 MA		Mailing Address 8201 S E CONSTITUTION BLVD. HOBE SOUND FL 33465 MA			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2211955	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLEY + FATTOR FMS INC. 11900 SE FEDERAL HWY-205 HOBE SOUND FL 33455			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW - FEE IS \$81.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAEHLERBROCK, DONALD		NAME	Eileen Lieback	
STREET ADDRESS	7787 SE CONTINENTAL DR		STREET ADDRESS	7914 SE Saratoga Dr	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMBARGER, KEN		NAME	Nancy Skadar	
STREET ADDRESS	8001 SE HOMESTEAD AV.		STREET ADDRESS	6946-SE Amendment St	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINEBACK, EILEEN		NAME	WAYNE RAYNOR	
STREET ADDRESS	7914 SE SARASOTA DR		STREET ADDRESS	6925-SE AMENDMENT ST.	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	JIM RICKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAWMANN, EDNA		NAME	7425-SE INDEPENDANCE	
STREET ADDRESS	7886 INDEPENDENCE AVE		STREET ADDRESS	HOBE SOUND, FL	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	Club Hse DR 33455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Dr. of Entitlement	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPERMAN, TONY		NAME	Tony Opperman	
STREET ADDRESS	6958 SE AMENDMENT STREET		STREET ADDRESS	6958 Amendment	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	SAME 33455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Ed Trudena	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUIDEMA, ED		NAME	7585 SE Amendment	
STREET ADDRESS	7585 SE AMENOMENT		STREET ADDRESS	SAME Hobe Sound	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	33455	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.					
SIGNATURE: <i>Eileen M. Lieback</i>		Date: <i>5/14/04</i>		Daytime Phone #: <i>772-546-2736</i>	