

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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90060 039 ****61.25

DOCUMENT # 750942

1. Entity Name

HERITAGE RIDGE NORTH PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

6510 HERITAGE RIDGE BOULEVARD
HOBE SOUND FL 33455

Mailing Address

5757 SE FEDERAL HWY
STUART FL 34997
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORNETT, JANE L
WACKEEN CORNETT & GOOGE P.A.
401 EAST OSCEOLA ST.
STUART FL 34994

7. Name and Address of New Registered Agent

Name

ROSS, DEBORAH L.

Street Address (P.O. Box Number is Not Acceptable)

ROSS, CARLE & BONAN, P.A.

759 South Federal Hwy, Suite 212

City

STUART

FL

Zip Code

34994

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☒ Delete
NAME DAVIES, BARBARA
STREET ADDRESS 6719 SE YORKTOWN DRIVE
CITY-ST-ZIP HOBE SOUND FL

TITLE VPD ☐ Delete
NAME PHELPS, RICHARD A.
STREET ADDRESS 6597 SE ROANOKE COURT
CITY-ST-ZIP HOBE SOUND FL

TITLE PD ☐ Delete
NAME ZACHARY, HENRY-B.
STREET ADDRESS 5858 SE FRANKLIN PL
CITY-ST-ZIP HOBE SOUND FL

TITLE T ☐ Delete
NAME DALLAFIOR, ALBERT
STREET ADDRESS 6993 SE BUNKER HILL DR
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME MARTHA JEAN KAY
STREET ADDRESS 6669 SE Yorktown Drive
CITY-ST-ZIP HOBE SOUND, FL. 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBERT J. DALLAFIOR 2/10/04

94019112



MOORE CR2E037 (11/03)

4. FEI Number

59-2524653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required