

2002 **NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90450 036 \*\*\*\*61.25

DOCUMENT # 754329  
1. Entity Name  
*HERITAGE PINES CONDOMINIUM ASSOC. INC.*

6

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>4400 EL CONQUISTADOR PKWY</i>		3. Mailing Address <i>HARMONY MGT</i>	
Suite, Apt. #, etc. <i># 1</i>		Suite, Apt. #, etc. <i>4400 EL CONQUISTADOR # 1</i>	
City & State <i>BRADENTON FL</i>		City & State <i>BRADENTON FL</i>	
Zip <i>FL 34210</i>	Country <i>USA</i>	Zip <i>FL 34210</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>592290588</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>ANNA KELLY % HARMONY MGT</i>
Street Address (P.O. Box Number is Not Acceptable) <i>4400 EL CONQUISTADOR PKWY</i>
City <i>BRADENTON</i>
State <i>FL</i>
Zip Code <i>34210</i>

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.

SIGNATURE *[Signature]* *C.A.M.* DATE *4.15.02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------	----------------------------------------------

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P-D ROSEMARY MANCUSO 4311 78 ST W BRADENTON FL 34209</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECT - D COLLEN HAMM 4114 78 ST W BRADENTON FL 34209</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T-D JACK HERRON 4011 78 ST W BRADENTON FL 34209</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D @ LG LISA CEEASY 4204 78 ST W BRADENTON FL 34209</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DELEG PAUL SCHIANO 4111 79 ST W BRADENTON FL 34209</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *DRES* Date *4/15/02* Daytime Phone # *758-9624*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)