
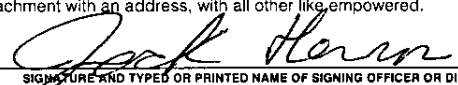


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90036 042 ****61.25

| | | | | | |
|---|-----------------------|--|---|--|--|
| DOCUMENT # 754329 | | | |  | |
| 1. Entity Name HERITAGE PINES CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4400 EL CONQUISTADOR PKWY #1 BRADENTON, FL 34210 | | | Mailing Address 4400 EL CONQUISTADOR PKWY, #1 HARMONY MANAGEMENT BRADENTON, FL 34210 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01302004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-2290588 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HAGERTY, JOHN A 4400 EL CONQUISTADOR PKWY #1 BRADENTON, FL 34210 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 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 | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMM, CULLEN | | NAME | | |
| STREET ADDRESS | 4114 78TH STREET WEST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERRON, JACK | | NAME | | |
| STREET ADDRESS | 4011 78TH STREET WEST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CLEASY, LISA | | NAME | Gerry Preilly | |
| STREET ADDRESS | 4204 78TH STREET WEST | | STREET ADDRESS | 3410A Avenida maderia | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | Bradenton FL 34210 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'QUINN, VAN | | NAME | | |
| STREET ADDRESS | 462 1ST STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | GENEVA, FL 32732 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZANELLA, ISSABELLA | | NAME | | |
| STREET ADDRESS | 4321 78TH STREET W. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | Date: 2-9-04 | | Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

Attachment 24009359
#754329 1307
Division of Corporations

HER



Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: 754329 ←

Tracking Number: 900026156999 ←

The charge for your Annual Report is \$61.25

5115

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

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Sunbiz Home Page

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Attachment

24009359



Received by
Harmony

FEB 04 04

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 30, 2004

HERITAGE PINES CONDOMINIUM ASSOCIATION, INC.
4400 EL CONQUISTADOR PKWY, #1
HARMONY MANAGEMENT
BRADENTON, FL 34210

SUBJECT: HERITAGE PINES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 754329

We have received your document for HERITAGE PINES CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00006477