


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90151 021 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02282006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2290588

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGERTY, JOHN A
 4400 EL CONQUISTADOR PKWY #1
 BRADENTON, FL 34210

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2006

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 - <i>Sec. & Treasurer</i>	<input type="checkbox"/> Delete
NAME	HAMM, CULLEN	
STREET ADDRESS	4114 78TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D - <i>President</i>	<input type="checkbox"/> Delete
NAME	SPENCLEGG, PAUL	
STREET ADDRESS	5620 2ND AVE DR W	
CITY-ST-ZIP	BRADENTON, FL 342092646	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PUNG, CINDY	
STREET ADDRESS	PO BOX 345	
CITY-ST-ZIP	GRAYSLAKE, IL 60030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'QUINN, VAN	
STREET ADDRESS	462 1ST STREET	
CITY-ST-ZIP	GENEVA, FL 32732	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ZANELLA, ISSABELLA	
STREET ADDRESS	4321 78TH STREET W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Tanya Gibson - D</i>	
STREET ADDRESS	<i>7835 43rd ave Dr. W</i>	
CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP - Jeff Nelson</i>	
STREET ADDRESS	<i>4574 78th St W</i>	
CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tanya Gibson* Date: *4-26-06* Daytime Phone # _____