

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90151 021 \*\*\*\*61.25

|   |  |
|---|--|
| <b>DOCUMENT # 754329</b>  |  |
| 1. Entity Name<br><b>HERITAGE PINES CONDOMINIUM ASSOCIATION, INC.</b> |  |



|  |  |
|--|--|
| Principal Place of Business<br><b>4400 EL CONQUISTADOR PKWY<br/>#1<br/>BRADENTON, FL 34210</b> | Mailing Address<br><b>4400 EL CONQUISTADOR PKWY, #1<br/>HARMONY MANAGEMENT<br/>BRADENTON, FL 34210</b> |
|--|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | 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                                     |  |
| <b>HAGERTY, JOHN A<br/>4400 EL CONQUISTADOR PKWY<br/>#1<br/>BRADENTON, FL 34210</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
| TITLE                      | SD - <i>Sec. &amp; Treasurer</i> <input type="checkbox"/> Delete | TITLE   | <input checked="" 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                      | D - <i>President</i> <input type="checkbox"/> Delete             | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPENCLEG, PAUL   | NAME  |  |
| STREET ADDRESS             | 5620 2ND AVE DR W  | STREET ADDRESS  |  |
| CITY-ST-ZIP                | BRADENTON, FL 342092646  | CITY-ST-ZIP   |  |
| TITLE                      | P <input checked="" type="checkbox"/> Delete                     | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PUNG, CINDY  | NAME  |  |
| STREET ADDRESS             | PO BOX 345   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | GRAYSLAKE, IL 60030  | CITY-ST-ZIP   |  |
| TITLE                      | D <input checked="" type="checkbox"/> Delete                     | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | O'QUINN, VAN   | NAME  | <i>Tanya Gibson - D</i>  |
| STREET ADDRESS             | 462 1ST STREET   | STREET ADDRESS  | <i>7835 43rd Ave Dr. W</i>   |
| CITY-ST-ZIP                | GENEVA, FL 32732   | CITY-ST-ZIP   | <i>Bradenton, FL 34209</i>   |
| TITLE                      | DVP <input checked="" type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ZANELLA, ISSABELLA   | NAME  | <i>VP - Jeff Nelson</i>  |
| STREET ADDRESS             | 4321 78TH STREET W.  | STREET ADDRESS  | <i>4514 78th St W</i>  |
| CITY-ST-ZIP                | BRADENTON, FL 34209  | CITY-ST-ZIP   | <i>Bradenton, FL 34209</i>   |
| 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tanya Gibson*

*4-26-06*