

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754489

FILED
May 01, 2009
Secretary of State

Entity Name: THE HERITAGE HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3215 NE 15 ST
205
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

3215 NE 15 ST
205
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-2082935 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BIBER, TERESA
3215 NE 15 ST
204
POMPANO BEACH, FL 33062 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BIBER, TERESA
Address: 3215 NE 15TH STREET UNIT #204
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: CIVETTA, CESARE
Address: 3215 NE 15TH ST #103
City-St-Zip: POMPANO BEACH, FL 33062

Title: TRE/ () Delete
Name: BADE, CHERYL
Address: 3215 NE 15TH ST #205
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DOMMER, GARY
Address: 3215 NE 15TH ST #101
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. BADE

TRE/

05/01/2009

Electronic Signature of Signing Officer or Director

Date