

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# 754489

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:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRE/

05/01/2009

\_\_\_\_\_  
Date