## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #765658**

1. Entity Name

HERITAGE VILLAGE WEST CONDOMINIUM



ASSOCIATION, INC.

Principal Place of Business 4100 66TH STREET CIRCLE WEST BRADENTON, FL 34209

Mailing Address C/O DELLCOR MGT 310 PEARL AVENUE SARASOTA, FL 34243

**FILED** May 03, 2005 8:00 am Secretary of State

05-03-2005 90137 040 \*\*\*\*61.25

50046761

2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01042005	Chg-NP	CR2E	037 (10/03)		
City & State			Cit	City & State				4. FEI Number Applied For 59-2443026 Not Applicable					
Zip			Country			5. Certificate of Status Desired See Required Fee Required							
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent							
DELLCOR MGMT, INC. 310 PEARL AVE. SARASOTA, FL 34243						Name Street Address (P.O. Box Number is Not Acceptable)							
SARASOI	A, FL 342	243											
:						City FL Zip Code							
8. The above	named entity	y submits this statement for	or the purp	ose of changing its re	gistered	office of	registe	red agent, or both	n, in the State of	Florida. I ar	n familiar with,	and accept	
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 agen	t and stie it app	MICADIO. (NUTE: I	Hegistered A	Agent signati	ure require:	d when reinstating)	<del> ,</del>	DATE			
Filling Fee Is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	F		ck payable to artment of Si			
10.		OFFICERS AND D	RECTORS		11.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN						10	
NAME STREET ADDRESS CITY-ST-ZIP	SEAMAN: 4249-66 S	· ·		Delete	TITLE NAME STREET CITY-S	ADDRESS		Garlar 41976 Booder	loth St	Cic 1	$\omega$	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, 4145 66TI	NICHOLAS H ST CIRCLE W FON, FL 34209		Delete	TITLE NAME	ADDRESS		Brader Vaugha Haas Braden				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4158 66TI	STEIN, MARILYN H ST CIR W TON, FL 34209		Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP	_	Braden Paul Al 4193 L Braden	45 dta	Cirl	N	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 .	ROBERT H ST CIRCLE W TON, FL 34209		☐ Delete	TATLE NAME STREET CITY-S	ADORESS T-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4176 66TI	.D, CHESTER H ST. CIR W TON, FL 34209		Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D MONAHA 4176-66 S BRADEN	•		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					Change	☐ Addition	

12. I hereby certify that the internation 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 supplier ental 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 received or inside 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 driven attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR