

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K27076

FILED
Apr 27, 2009
Secretary of State

Entity Name: HERITAGE FINANCIAL ASSOCIATES, INC.

Current Principal Place of Business:

692 LINVILLE FALLS DR
W MELBOURNE, FL 32904 US

New Principal Place of Business:

692 LINVILLE FALLS DR
SUITE B
W MELBOURNE, FL 32904 US

Current Mailing Address:

692 LINVILLE FALLS DR
W MELBOURNE, FL 32904 US

New Mailing Address:

692 LINVILLE FALLS DR
SUITE B
W MELBOURNE, FL 32904 US

FEI Number: 59-2895505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROTHERTON, CURT P.
692 LINVILLE FALLS DR
W MELBOURNE, FL 32904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROTHERTON, CURT P.
Address: 692 LINVILLE FALLS DR
City-St-Zip: W MELBOURNE, FL 32904

Title: VPD () Delete
Name: BROTHERTON, CURTIS W
Address: 2633 VINING STREET
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: BARR, PATTI ANNE
Address: 846 WILLOW ST
City-St-Zip: HENDERSONVILLE, NC 28739

Title: SD () Delete
Name: BROTHERTON, BARBARA A
Address: 692 LINVILLE FALLS DR
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BROTHERTON, CURTIS W
Address: 1200 AMBRA DRIVE
City-St-Zip: VIERA, FL 32940

Title: D (X) Change () Addition
Name: BARR, PATTI ANNE
Address: 846 WILLOW ST
City-St-Zip: HENDERSONVILLE, NC 28739

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURT P BROTHERTON

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date