

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K27076

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** HERITAGE FINANCIAL ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VPD  
Name: BROTHERTON, CURTIS W  
Address: 1200 AMBRA DRIVE  
City-St-Zip: VIERA, FL 32940

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

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

I hereby 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 all other like empowered.

SIGNATURE: CURT P. BROTHERTON

PD

04/15/2011

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

\_\_\_\_\_  
Date