

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2004
Secretary of State**

DOCUMENT# N00000001432

Entity Name: HERITAGE HARBOUR MASTER ASSOCIATION, INC.

Current Principal Place of Business:

325 INTERSTATE BOULEVARD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

325 INTERSTATE BOULEVARD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-3634229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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 () Delete
Name: ALLEGRA, ROBERT T
Address: 325 INTERSTATE BLVD
City-St-Zip: SARASOTA, FL 34240

Title: STD () Delete
Name: SQUITIERI, ANTHONY J
Address: 325 INTERSTATE BLVD
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: DANNA, CHARLES A JR
Address: 325 INTERSTATE BLVD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT T. ALLEGRA

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date