

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N00000001432

Entity Name: HERITAGE HARBOUR MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

551 N CATTLEMAN ROAD  
SUITE 202  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

551 N CATTLEMAN ROAD  
SUITE 202  
SARASOTA, FL 34232

**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: STD (X) Change ( ) Addition  
Name: CAMPBELL, MICHAEL  
Address: 325 INTERSTATE BLVD  
City-St-Zip: SARASOTA, FL 34240

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: ROBERT ALLEGRA

PD

04/27/2007

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

\_\_\_\_\_  
Date