

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91237 018 ****61.25

DOCUMENT # N00000001434

1. Entity Name
HERITAGE HARBOUR MARKET PLACE ASSOCIATION, INC.



Principal Place of Business
**325 INTERSTATE BLVD
SARASOTA, FL 34240**

Mailing Address
**325 INTERSTATE BOULEVARD
SARASOTA, FL 34240**



2. Principal Place of Business

Advanced Management
Suite, Apt. #, etc.
9031 TOWN CENTER PKWY

City & State
BRADENTON FL

Zip
34202

3. Mailing Address

Advanced Management
Suite, Apt. #, etc.
9031 TOWN CENTER PKWY

City & State
BRADENTON FL

Zip
34202

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1059005

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **Advanced Management**
Street Address (P.O. Box Number is Not Acceptable)
9031 TOWN CENTER PARKWAY
City **BRADENTON** FL Zip Code **34202**

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 **Douglas E. Wilson, Pres. 4/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD**
STREET ADDRESS **SQUITIERI, ANTHONY**
CITY-ST-ZIP **325 INTERSTATE BLVD
SARASOTA, FL 34240** ☐ Delete

TITLE
NAME **VD**
STREET ADDRESS **ALLEGRA, ROBERT T**
CITY-ST-ZIP **337 INTERSTATE BOULEVARD
SARASOTA, FL 34240** ☐ Delete

TITLE
NAME **STD**
STREET ADDRESS **SABEAN, BRIAN**
CITY-ST-ZIP **10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information 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 supplemental 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 receiver or trustee 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ANTHONY J SQUITIERI 4/28/04 (941) 377-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #