
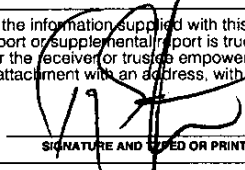


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

MAY

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 039 ****61.25

DOCUMENT # N00000001434					
1. Entity Name HERITAGE HARBOUR MARKET PLACE ASSOCIATION, INC.					
Principal Place of Business ADVANCED MGMT. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202			Mailing Address ADVANCED MGMT. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ADVANCED MGMT. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SQUITIERI, ANTHONY 325 INTERSTATE BLVD SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEGRA, ROBERT T 337 INTERSTATE BOULEVARD SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABEAN, BRIAN 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTHONY J SQUITIERI 551 N CATTLEMAN RD, STE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT T ALLEGRA 551 N CATTLEMAN RD, STE 200 SARASOTA, FL 34230	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABEAN, BRIAN 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABEAN, BRIAN 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABEAN, BRIAN 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY J SQUITIERI Date 4/28/05 Daytime Phone # (941) 377-1222					