

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001434

FILED
Apr 29, 2009
Secretary of State

Entity Name: HERITAGE HARBOUR MARKET PLACE ASSOCIATION, INC.

Current Principal Place of Business:

551 N CATTLEMEN RD
SUITE 202
SARASOTA, FL 34232

New Principal Place of Business:

10481 BEN C. PRATT
SIX MILE CYPRESS PKWY
FORT MYERS, FL 33966

Current Mailing Address:

4654 SR 6Y EAST
#118
BRADENTON, FL 34208

New Mailing Address:

C/O HH MANAGEMENT SERVICES
8007 34TH AVENUE EAST
BRADENTON, FL 34211

FEI Number: 65-1059005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J ESQ
1833 HENDRY ST
FT 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: SQUITIERI, ANTHONY
Address: 551 N CATTLEMEN RD. STE 202
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: MCMURRAY, DARIN
Address: 551 N. CATTLEMEN RD, STE. 200
City-St-Zip: SARASOTA, FL 34232

Title: TSD () Delete
Name: BURDETT, ANTHONY J
Address: 551 N. CATTLEMEN RD, STE. 200
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SQUITIERI, ANTHONY
Address: 10481 BEN C. PRATT, SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VPD (X) Change () Addition
Name: MCMURRAY, DARIN
Address: 10481 BEN C. PRATT, SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: TSD (X) Change () Addition
Name: BURDETT, ANTHONY J
Address: 10481 BEN C. PRATT, SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33966

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: DENNIS K COLLETTI

AA

04/29/2009

Electronic Signature of Signing Officer or Director

Date