

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005405

FILED
Feb 03, 2005
Secretary of State

Entity Name: VILLAS AT HERITAGE PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-3642315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
5695 BEGGS RD
STE B100
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

02/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORIEGA, NANCY
Address: 3114 HERITA PARK WAY
City-St-Zip: ORLANDO, FL 32837

Title: VSD () Delete
Name: STEIN, CAROL
Address: 12420 APPOHATOX DRIVE
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: REYES, SUSAN
Address: 12307 APPOMATOX DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORIEGA, NANCY
Address: 3114 HERITAGE PARK WAY
City-St-Zip: ORLANDO, FL 32837

Title: VPSD (X) Change () Addition
Name: STEIN, CAROL
Address: 12420 APPOMATOX DR
City-St-Zip: ORLANDO, FL 32837

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

Title: D () Change (X) Addition
Name: COLON, CARMEN
Address: 12354 APPOMATOX DR
City-St-Zip: ORLANDO, FL 32837

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: NANCY NORIEGA

PD

02/03/2005

Electronic Signature of Signing Officer or Director

Date