

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005405

FILED  
Apr 27, 2006  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3642315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: NORIEGA, NANCY  
Address: 3114 HERITAGE PARK WAY  
City-St-Zip: ORLANDO, FL 32837

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY NORIEGA

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date