

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-19-2004 90348 028 ****61.25

DOCUMENT # N03000001869					
1. Entity Name HERITAGE OAKS COMMERCE PARK ASSOCIATION, INC.					
Principal Place of Business 223 PALAFOX PLACE PENSACOLA, FL 32501			Mailing Address 223 PALAFOX PLACE PENSACOLA, FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number					
02052004 Chg-NP CR2E037 (10/03)					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
LANDER, JANET 14 WEST GOVERNMENT STREET ROOM 411 PENSACOLA, FL 32501					
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 <i>George J. Touart</i> DATE <i>3/1/04</i>					
(NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBBESEN, PREBEN <input type="checkbox"/> Delete P.O. BOX 3000 MERRIFIELD, VA 221193000				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, MICHAEL <input type="checkbox"/> Delete WEST GARDEN STREET, PO BOX 550 PENSACOLA, FL 325930550				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUART, GEORGE <input type="checkbox"/> Delete 223 PALAFOX PLACE PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <i>George J. Touart</i> DATE: <i>3/1/04</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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