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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50018518

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002375

1. Entity Name
HERITAGE VILLAS AT HERITAGE OAK PARK ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3434 COLWELL AVENUE<br>SUITE 200<br>TAMPA, FL 33614 | 3434 COLWELL AVENUE<br>SUITE 200<br>TAMPA, FL 33614 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| PO Box 380758 | PO Box 380758 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Murdock FL | City & State: Murdock FL |
| Zip: 33938 Country: US | Zip: 33938 Country: US |

01162006 Chg-NP CR2E037 (11/05)

4. FEI Number: 20-0303305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: Kristine Wishard
Street Address (P.O. Box Number is Not Acceptable): 23081 Harbor View Rd
City: Port Charlotte FL Zip Code: 33980

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: [signature] Kristine Wishard 3/21/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | P<br>CLARKE, RON<br>1266 WHITE OAK TRAIL<br>PORT CHARLOTTE, FL 33948 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/T<br>PONZIO, GEORGE<br>1276 WHITE OAK TRAIL<br>PORT CHARLOTTE, FL 33948 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>AUDETTE, BETTY<br>1254 WHITE OAK TRAIL<br>PORT CHARLOTTE, FL 33948 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>5/25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAZMINO, ED<br>1274 WHITE OAK TRAIL<br>PORT CHARLOTTE, FL 33948 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] PRESIDENT 4-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #