

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

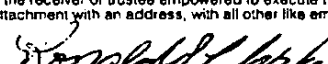
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N03000002375			
1. Entity Name HERITAGE VILLAS AT HERITAGE OAK PARK ASSOCIATION, INC.			
Principal Place of Business 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		Mailing Address 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614	
2. Principal Place of Business PO Box 380758		3. Mailing Address PO Box 380758	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Murdoch FL		City & State Murdoch FL	
Zip 33938	Country US	Zip 33938	Country US
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 33780	
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  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 CLARKE, RON 1266 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T PONZIO, GEORGE 1276 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUDETTE, BETTY 1254 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZMINO, ED 1274 WHITE OAK TRAIL 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:  PRESIDENT 4-13-06 Signature and typed or printed name of signing officer or director Date Daytime Phone #			