

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90033 012 ****61.25

DOCUMENT # N03000002375		
1. Entity Name HERITAGE VILLAS AT HERITAGE OAK PARK ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 380758 MURDOCK, FL 33938	Mailing Address P.O. BOX 380758 MURDOCK, FL 33938
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40010251



01162007 Chg-NP CR2E037 (12/06)

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 WISHARD, KRISTINE 23081 HARBOR VIEW RD PORT CHARLOTTE, FL 33780	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 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	VD CLARKE, RON 1266 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Robin L. Lindecamp 1280 White Oak Trail Port Charlotte, FL 33948 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AUDETTE, BETTY 1254 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Norma Schosser 1262 White Oak Trail Port Charlotte, FL 33948 ☐ 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
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: <i>George Ponzio</i>	2/1/07	941-764-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #