2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90032 036 ****61.25

DOCUMENT # N03000006448

1. Entity Name
HERITAGE PARK TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CENTEX HOMES 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	C/O REGENCY PROFESSIONAL MGMT 407 WEKIVA SPRINGS RD STE 205 LONGWOOD, FL 32779

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Regency Professional Mgmt	
Suite, Apt. #, etc.: 407 Wekiva Springs Rd Ste205	Suite, Apt. #, etc.
City & State: Longwood FL	City & State
Zip: ~~FL~~ 32779 / Country: >	Zip / Country

4. FEI Number APPLIED FOR 20-0313550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPENCER, ROBIN
REGENCY PROFESSIONAL MGMT
407 WEKIVA SPRINGS RD STE 205
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name: Rodger A. Marty
Street Address (P.O. Box Number is Not Acceptable): 407 Wekiva Spring Rd Ste205
City: Longwood **FL** Zip Code: 32779

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: Rodger A Marty 1/28/05
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, 2005

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	STD RIGGS, DEBBIE 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHEELER, LAWRENCE M 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LUNDEQUAM, BRETT 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	☐ 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
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 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: Lawrence M. Sheeks 2/1/05 407-838-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #