2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006448

FILED Apr 27, 2007 Secretary of State

Entity Name: HERITAGE PARK TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8009 S ORANGE AVE ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 8009 S ORANGE AVE ORLANDO, FL 32809 FEI Number: 20-0313550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FURLOW, REBECCA 8009 S ORANGE AVE ORLANDO, FL 32809 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RIGGS, DEBBIE CORTES, OMAR Name: Name: 385 DOUGLAS AVE STE 2000 Address: 175 CONSTITUTION WAY Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WINTER SPRINGS, FL 32708 Title: Title: (X) Change () Addition () Delete SHEELER, LAWRENCE M Name: RODRIGUEZ, ERNEST Name: Address: 385 DOUGLAS AVE STE 2000 Address: 205 CONSTITUTION WAY City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WINTER SPRINGS, FL 32708 Title: VPD () Delete Title: (X) Change () Addition BONTRAGER, THOMAS K CROCE, ANNE M Name: Name: 385 DOUGLAS AVE STE 2000 312 FREEDOM RING DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WINTER SPRINGS, FL 32708 Title: Title: () Change (X) Addition () Delete KAUFFMANN, LOUIS Name: Name: 104 HERITAGE PARK STREET Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition WALTER, MICHELLE Name: Name: 424 TRADITION LANE Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA FURLOW RA 04/27/2007