2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N03000006448

Entity Name: HERITAGE PARK TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD.
300
ORLANDO, FL 328224457

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

5955 T.G. LEE BLVD.
300
ORLANDO, FL 328224457

FEI Number: 20-0313550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURLOW, REBECCA
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

FURLOW, REBECCA
5955 T.G. LEE BLVD
300
ORLANDO, FL 328224457 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: REBECCA FURLOW 04/15/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CORTES, OMAR
Address: 175 CONSTITUTION WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete
Name: RODRIGUEZ, ERNEST
Address: 205 CONSTITUTION WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete
Name: CROCE, ANNE M
Address: 312 FREEDOM RING DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Delete
Name: KAUFFMANN, LOUIS
Address: 104 HERITAGE PARK STREET
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: WALTER, MICHELLE
Address: 424 TRADITION LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ELMER, DAVID
Address: 196 CONSTITUTION WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition
Name: WALTER, MICHELLE
Address: 424 TRADITION LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: OMAR CORTES P 04/15/2008
Electronic Signature of Signing Officer or Director Date