2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000006448

FILED Sep 21, 2009 Secretary of State

Entity Name: HERITAGE PARK TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6972 LAKE GLORIA BLVD 225 S. WESTMONTE DRIVE

ORLANDO, FL 32809 SUITE 3310

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

6972 LAKE GLORIA BLVD PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 ORLANDO, FL 32809 US

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:

> WOMACK, ELLEN R 225 S. WESTMONTE DRIVE SUITE 3310

ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK 09/21/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change (X) Addition () Delete

CORTES, OMAR CKO/RTMENSU OMAR Name: Name: 175 CONSTITUTION WAY Address: 4449 CROALSHTTOUTLOANIEVAY Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: (X) Change () Addition

Name: ELMER, DAVID Name: ELMER, DAVID

Address: 196 CONSTITUTION WAY Address: 196 CONSTITUTION WAY

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: VΡ () Delete Title: (X) Change () Addition BLACK, MARIA Name: BLACK, MARIA Name:

141 HERITAGE PARK STREET 141 HERITAGE PARK STREET Address: Address:

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

() Delete Title: Title: (X) Change () Addition

KAUFFMANN, LOUIS F III KAUFFMANN, LOUIS F III Name: Name: Address: 104 HERITAGE PARK STREET Address: 104 HERITAGE PARK STREET City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

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: LOIUS F KAUFFMANN Ρ 09/21/2009