

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 008 ****61.25

DOCUMENT # N03167

1. Entity Name
HERITAGE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1906 DEKLE AVE
TAMPA, FL 33606 US**

Mailing Address
**HERITAGE PARK C/O UNIQUE PROP SERVICE
1207 N. HIMES AVE, SUITE 3
TAMPA, FL 33607 US**

40072313



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
c/o Jacob Real Estate Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
607 W. Bay Street

03192007 Chg-NP CR2E037 (12/06)

City & State

City & State
Tampa, Florida

4. FEI Number
59-6804845

Applied For
Not Applicable

Zip

Country

Zip
33606

Country

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

6. Name and Address of Current Registered Agent

**JAMES JACOB, JACOB REAL ESTATE SERVICES
115 S. ALBANY AVENUE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **Jacob, James C.**

Street Address (P.O. Box Number is Not Acceptable)
Jacob Real Estate Services, Inc.

607 W. Bay Street

City **Tampa**

FL

Zip Code **33606**

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)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

16 April 2007
DATE

**Filing Fee is \$81.25
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**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MUELLER, JOHN**
STREET ADDRESS **1906 DEKEL AVENUE J**
CITY-ST-ZIP **TAMPA, FL**

TITLE **VD** ☒ Delete
NAME **MAEIR, SALLY**
STREET ADDRESS **4610 SAN MIGUEL**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **SD** ☒ Delete
NAME **JACKSON, CHRIS**
STREET ADDRESS **1906 DEKLE AVE. UNIT 1**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **FEATHERINGILL, BILL**
STREET ADDRESS **3709 SAN PEDRO**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VD** ☒ Change ☐ Addition
NAME **RODRIQUEZ, CHRISTI**
STREET ADDRESS **1906 W. DEKLE AVENUE, UNIT H**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **STD** ☒ Change ☐ Addition
NAME **PATSCHORKE, THOMAS A.**
STREET ADDRESS **10421 GREENHEDGES DRIVE**
CITY-ST-ZIP **TAMPA, FL 33626-1731**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WILLIAM (BILL) FEATHERINGILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4-13-2007