

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 023 ****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
**C/O JACOB REAL ESTATE SERVICES INC
607 W BAY ST
TAMPA, FL 33606 US**

50001428



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6804845

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES, JACOB
607 W BAY ST
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2008

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 FEATHERINGILL, BILL
STREET ADDRESS 3709 SAN PEDRO
CITY-ST-ZIP TAMPA, FL 33629

TITLE VD ☐ Delete
NAME RODRIGUEZ, CHRISTI
STREET ADDRESS 1906 W DEKLE AVE UNIT H
CITY-ST-ZIP TAMPA, FL 33606

TITLE STD ☒ Delete
NAME PATSCHIORKE, THOMAS A
STREET ADDRESS 10421 GREENHEDGES DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 E. Featheringill, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCH 18 2008