
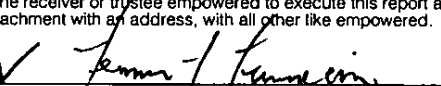


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90083 005 ****61.25

DOCUMENT # N04000004978					
1. Entity Name HERITAGE PARK OF ST. AUGUSTINE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O COMMUNITY MGMT PROF, INC 5401 S KIRKMAN RD, SUITE 450 ORLANDO, FL 32819			Mailing Address C/O COMMUNITY MGMT PROF, INC 5401 S KIRKMAN RD, SUITE 450 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1757059	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT PROFFESIONALS, INC. 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCOY, JAMES W 3700 34TH ST ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P KENNETH Kinnecom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1105 Sand Pine Ct St Augustine FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HARB, AMINE 3700 34TH ST ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T SHANE Bilette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1208 Wild Palm Ct St Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARB, TOM 3700 34TH ST ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Mitch Rowland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 527 S DE CREEK LN St Augustine FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Ken Kinnecom PRES. 1-30-07 903-9969		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		