2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004978



FILED

Mar 19, 2007 8:00 am Secretary of State

1. Entity Name HERITAGE PARK OF ST. AUGUSTINE HOMEOWNERS ASSOCIATION, INC.						C	3-19-2007 5	90083 005 ***	····61.25
Principal Plac C/O COMMUN 5401 S KIRK ORLANDO, FI	NITY MGMT F Man RD, Su	PROF, INC		C/O COMMUNITY MGMT PROF, INC 5401 S KIRKMAN RD, SUITE 450			<u> </u>		
2. Principal Place of Business - No P.O. Box # 3			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162007 C	hg-NP	CR2E037 (12/0	06)
City & State			City & State		4. FEI Number 20-175705	59		Applied For Not Applicable	
Zip Country		Zip	Сои	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				
					Name				
COMMUNITY MANAGEMENT PROFFESIONALS,INC. 5401 S KIRKMAN RD SUITE 450					Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO), FL 328 ⁻	19							*******
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the obligat	named entiti ions of regist		or the purpose of changing its	registere	ed office or register	red agent, or both, in	the State of Flo	rida. I am familiar	with, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	t and title if applicable. (NOTE	E: Registered	d Agent signature required	d when reinstating)		DATE	
	Filing Fe	e is \$61.25	9. Election Can	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State			
•	_	lay 1, 2007	Trust Fund C		on.		Flori	da Department	of State
10.	Due by N	lay 1, 2007 OFFICERS AND DI				Added to Fees ADDITIONS/CHANG		<u> </u>	
TITLE	Due by N	OFFICERS AND DI		11.	DIP KE	Added to Fees ADDITIONS/CHANG	I ES TO OFFICER	S AND DIRECTOR	RS IN 10
TITLE NAME	DP MCCOY,	OFFICERS AND DI	RECTORS	11. TITLE	DIP KE	Added to Fees ADDITIONS/CHANG	I ES TO OFFICER	S AND DIRECTOR	RS IN 10
TITLE	DP MCCOY, 3700 34Ti	OFFICERS AND DI JAMES W H ST	RECTORS	11. TITLE NAME STREE	DIP KE	Added to Fees ADDITIONS/CHANG ONETH Some	I Pine	RS AND DIRECTOR	RS IN 10
TITLE NAME STREET ADDRESS	DP MCCOY, 3700 34Ti	OFFICERS AND DI	RECTORS Delete	11. TITLE NAME STREE	DIP KE	Added to Fees ADDITIONS/CHANG ONETH Sen August	ESTO OFFICER SINNEC A PINE ONE F	RS AND DIRECTOR Cha	RS IN 10 nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP MCCOY, 3700 34TI ORLANDO DVST HARB, AM	OFFICERS AND DI JAMES W H ST D, FL 32805	RECTORS	11. TITLE NAME STREE CITY- TITLE NAME	PIP KE	Added to Fees ADDITIONS/CHANG PS Sam August THANE	LESTO OFFICER KINNER A PINE NE F	RS AND DIRECTOR Char 1 324 the Grant	RS IN 10 nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MCCOY, 3700 34TI ORLANDO DVST HARB, AM 3700 34TI	OFFICERS AND DI JAMES W H ST D, FL 32805	RECTORS Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	Added to Fees ADDITIONS/CHANG ONETH FOS Sam August THANE 208 LUI	CINNER IN PINE IN P	S AND DIRECTOR CH 324 The Cha	RS IN 10 nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MCCOY, 3700 34TI ORLANDO DVST HARB, AM 3700 34TI ORLANDO D	OFFICERS AND DI JAMES W H ST D, FL 32805 MINE H ST D, FL 32805	RECTORS Delete	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE	ET ADDRESS ST-ZIP ST ADDRESS ST-ZIP	Added to Fees ADDITIONS/CHANG OF SAM AUGUST THANE 208 WI	CINNER IN PINE IN P	S AND DIRECTOR CH 324 The Cha	RS IN 10 nge MAddition 28 4 nge MAddition
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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 anapter 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.

RES.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-30-07

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