

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004978

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** HERITAGE PARK OF ST. AUGUSTINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 HEFFERON DR  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMMUNITY MGMT PROF, INC  
5401 S KIRKMAN RD, SUITE 450  
ORLANDO, FL 32819

**New Mailing Address:**

225 HEFFERON DR  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 20-1757059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MGMT CONCEPTS JACKSONVILLE  
7400 BAYMEADOWS WAY STE 317  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BILLETTE, SHANE  
Address: 1208 WILD PALM CT  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP ( ) Delete  
Name: ROGERS, ZENZI  
Address: 12724 GRAN BAY PKWY #300  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DT ( ) Delete  
Name: PERRONE, JOHN  
Address: 152 PINE ARBOR CIR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: LAWRENCE, MARY  
Address: 824 OAK ARBOR CIR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RANICK, JENNY  
Address: 225 HEFFERON DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: CORNELL, JOYCE  
Address: 225 HEFFERON DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change ( ) Addition  
Name: LAWRENCE, MARY  
Address: 225 HEFFERON DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Change (X) Addition  
Name: WILLIS, LYNN  
Address: 225 HEFFERON DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Change (X) Addition  
Name: VANELLEKOM, TERESA  
Address: 225 HEFFERON DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32084

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: JENNY RANICK

DP

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date