

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2005
Secretary of State**

DOCUMENT# N04000008973

Entity Name: HERITAGE ON THE WATER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3067 GRASSLANDS DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3067 GRASSLANDS DRIVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, DENNIS P
225 EAST LEMON STREET STE 300
LAKELAND, FL 33801 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: CPS () Delete
Name: WHITEMAN, HOWE D
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: DVS () Delete
Name: MCKEEL, SETH D
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WHITEMAN, VIVKI B
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: WHITMAN, HOWE D
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

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

Title: D (X) Change () Addition
Name: WHITMAN, VIVKI B
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOWE D WHITMAN

CPS

03/21/2005

Electronic Signature of Signing Officer or Director

_____ Date