

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 04, 2009
Secretary of State

DOCUMENT# N04000010859

Entity Name: HERITAGE OAKS AT TRADITION HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**10612 SW GINGERMILL DR
PORT ST LUCIE, FL 34987**New Principal Place of Business:****Current Mailing Address:**10612 SW GINGERMILL DR
PORT ST LUCIE, FL 34987**New Mailing Address:****FEI Number:** 20-1974704**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MACKENZIE, NICOLE
10612 SW GINGERMILL DR
PORT ST LUCIE, FL 34987 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: PD () Delete
Name: SMITH, SCOTT F
Address: 600 W HILLSBORO BLVD SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD () Delete
Name: COLLIN, ERIC
Address: 600 W HILLSBORO BLVD STE #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VTD () Delete
Name: EHRLICH, MICHAEL E
Address: 600 W HILLSBORO BLVD SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MACKENZIE, NICOLE S
Address: 10612 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP (X) Change () Addition
Name: FINLEY, DONNA
Address: 10612 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: TREA (X) Change () Addition
Name: BONCZEK, DENNIS
Address: 10612 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: SEC () Change (X) Addition
Name: HUNT, SHARONA
Address: 10612 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: NICOLE S MACKENZIE

PRES

08/04/2009

Electronic Signature of Signing Officer or Director

Date