

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 047 ****61.25

DOCUMENT # N04321
 1. Entity Name
 HERITAGE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % PHOENIX MGMT. % PHOENIX MGMT.
 3082 JOG ROAD 3082 JOG ROAD
 LAKE WORTH FL 33467-2053 LAKE WORTH FL 33467-2053

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
 ROSENTHAL, DAVID C.
 %PHOENIX MGMT.,INC.
 3082 JOG ROAD
 LAKE WORTH FL 33463

4. FEI Number Applied For
 65-0055496 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD MIKLOS, GREG	<input type="checkbox"/> Delete
STREET ADDRESS	2263 NW 2ND AVE #112	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	TSD SHERMAN, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	2263 NW 2 AVENUE, #108	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	VD DIGGS, TED	<input type="checkbox"/> Delete
STREET ADDRESS	2840 NW 2ND AVE #101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	D SPILLANE, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	2840 NW 2ND AVE #101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	D CRISTALLO, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	2840 NW 2ND AVE #101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 4/30/04 (561)964-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #