

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 038 ****61.25

DOCUMENT # N04321 1. Entity Name HERITAGE PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % PHOENIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 33467-2053			Mailing Address % PHOENIX MGMT. 3082 JOG ROAD 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		
4. FEI Number 65-0055496				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, DAVID C. %PHOENIX MGMT.,INC. 3082 JOG ROAD LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKLOS, GREG 2263 NW 2ND AVE #112 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHERMAN, JEFF 2263 NW 2 AVENUE, #108 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIGGS, TED 2840 NW 2ND AVE #104 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Palermo, Kim 2799 NW Boca Raton Blvd, Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILLANE, MARK 2840 NW 2ND AVE #104 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levine, Mario 2799 NW Boca Raton Blvd, Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTALLO, JANET 2840 NW 2ND AVE #101 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 2799 NW Boca Raton Blvd, Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Janet Cristallo Janet Cristallo</i> 5/13/05 561-368-0008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

IMPORTANT INSTRUCTIONS
 *Make check payable to Florida Department of State