

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04321

FILED
Mar 25, 2008
Secretary of State

Entity Name: HERITAGE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE EIRE COMPANIES INC.
2799 NW BOCA RATON BLVD. #205
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O THE EIRE COMPANIES INC.
2799 NW BOCA RATON BLVD #205
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0055496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE EIRE COMPANIES INC.
2799 NW BOCA RATON BLVD
SUITE 205
BOCA RATON, FL 33431 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: SD () Delete
Name: MIKLOS, GREG
Address: 2263 NW 2ND AVE #112
City-St-Zip: BOCA RATON, FL

Title: VPD () Delete
Name: SHERMAN, JEFF
Address: 2263 NW 2 AVENUE, #108
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: PALERMO, KIM
Address: 2799 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: LEVINE, MARIO
Address: 2799 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: SPILLANE, MARK
Address: 2799 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARIO LEVINE

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date